

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <u>Reno</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>6</u>	Township number <u>T 23 S</u>	Range number <u>R 5 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>604 E 23rd Hutchinson</u>			3. Owner of well: <u>Eugene S. Jones</u> R.R. or street: <u>604 E. 23rd</u> City, state, zip code: <u>Hutchinson Kansas 67501</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>6-4-75</u> Well depth <u>31</u> ft.	
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
5. Type and color of material		From To		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Plas</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Glue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>      </u> lbs./ft. Dia. <u>6</u> in. to <u>31</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>175</u>	
				10. Screen: Manufacturer's name <u>J&amp;L</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8 hole</u> Length <u>10'</u> Set between <u>21</u> ft. and <u>31</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <u>NO</u> Size range of material <u>      </u>	
				11. Static water level: <u>14</u> ft. below land surface Date <u>6-4-75</u> mo./day/yr.	
				12. Pumping level below land surfaces: <u>14 1/2</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.	
13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade			
15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		16. Nearest source of possible contamination: <u>Solid Sewer</u> ft. <u>12</u> Direction <u>W</u> Type <u>      </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Price Water Well 193</u> Business name License No. <u>      </u> Address <u>RR3 Hutchinson</u> Signed <u>John Davenport</u> Date <u>8-2-75</u> Authorized representative			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:  (Use a second sheet if needed)				

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5