

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>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>7</u>	Township number <u>T 23 S R 5</u>	Range number <u>5</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>Same as #3</u>			3. Owner of well: <u>Ralph Allen</u> R.R. or street: <u>507 16 Terrace</u> City, state, zip code: <u>Hutchinson, Ks. 67501</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>5-11-77</u> Well depth <u>60</u> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				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		
5. Type and color of material		From		To		9. Casing: Material <u>Plst</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3.25</u> lbs./ft. Dia. <u>6</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth Gauge No. <u>255</u>
						10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>6"</u> Slot/gauze <u>1030</u> Length <u>10'</u> Set between <u>50</u> ft. and <u>60</u> ft. <u>  </u> ft. and <u>  </u> ft. Gravel pack? <u>yes</u> Size range of material <u>F-1/2"</u>
						11. Static water level: <u>22</u> ft. below land surface Date <u>5-11-77</u> mo./day/yr.
						12. Pumping level below land surfaces: <u>26</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>40</u> g.p.m.
						13. Water sample submitted: <u>  </u> mo./day/yr. <u>  </u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>  </u>
						14. Well head completion: <u>  </u> Pitless adapter <u>14</u> inches above grade
						15. Well grouted? <u>yes</u> With: <u>  </u> Neat cement <u>  </u> Bentonite <input checked="" type="checkbox"/> Concrete <u>  </u> Depth: From <u>0</u> ft. to <u>10</u> ft.
						16. Nearest source of possible contamination: ft. <u>10</u> Direction <u>E</u> Type <u>Tight Sewer line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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
(Use a second sheet if needed)						
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <u>Owner had a well with Styrene casing. The casing got soft and collapsed. There is a gas station 1/2 block NW. Owner stated he had gasoline in his well.</u>		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>Miller Water Well Serv. 137</u> Business name <u>Hutchinson, Ks.</u> License No. <u>  </u> Address <u>Joe Miller</u> Date <u>5-11-77</u> Signed <u>  </u> Authorized representative		

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

Form WWC-5