

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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 <b>Reno</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>11</b>	Township number <b>T 23 S R 5</b>	Range number <b>5</b>
2. Distance and direction from nearest town or city: <b>3 mi E of Hutchinson Ks. Main Airport</b>		3. Owner of well: <b>C.W. Wilcox</b>		R.R. or street: <b>RT 4</b>		
Street address of well location if in city:		City, state, zip code: <b>Hutchinson, Ks. 67501</b>				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>8-5-75</b>		
				Well depth <b>40</b> ft.		
				7. 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 checked="" 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>PST</b> Height <b>Above</b> or below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <b>195</b> lbs./ft. Dia. <b>6</b> in. to <b>40</b> ft. depth Wall Thickness: inches or Dia. <b>6</b> in. to <b>40</b> ft. depth gage No. <b>200</b>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>DEL</b>		
<b>Dune sand</b>		<b>0</b>	<b>12</b>	Type <b>RMP</b> Dia. <b>6"</b>		
<b>clay gray + yellow</b>		<b>12</b>	<b>26</b>	Slot/gauge <b>3/32"</b> Length <b>15'</b>		
<b>Sand F- yellow</b>		<b>26</b>	<b>40</b>	Set between <b>2.5</b> ft. and <b>40</b> ft.		
<b>clay gray</b>		<b>40</b>	<b>41</b>	Gravel pack? <b>yes</b> Size range of material <b>F-1/2"</b>		
				11. Static water level: <b>5</b> ft. below land surface Date <b>8-5-75</b>		
				12. Pumping level below land surfaces: <b>30</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m.		
				<b>25</b> g.p.m. Estimated maximum yield <b>25</b> g.p.m.		
				13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
				14. Well head completion: <b>12</b> inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete		
				Depth: From <b>0</b> ft. to <b>8</b> ft.		
				16. Nearest source of possible contamination: <b>None</b>		
				Well disinfected upon completion? <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: <b>Not installed</b>		
				Manufacturer's name <b>Aermotor</b>		
				Model number <b>BUC</b> HP <b>1/2</b> Volts <b>115</b>		
				Length of drop pipe <b>30</b> ft. capacity <b>10</b> g.p.m.		
				Type: <input checked="" 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:	19. Remarks:		20. Water well contractor's certification:			
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
<input type="checkbox"/> Hill			<b>Miller Water Well Serv 137</b>			
<input checked="" type="checkbox"/> Slope			Business name <b>Hutchinson, Ks.</b> License No.			
<input checked="" type="checkbox"/> Upland			Address <b>Hutchinson, Ks.</b>			
<input type="checkbox"/> Valley			Signed <b>Joe Miller</b> Date <b>4-15-76</b>			

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

Form WWC-5