

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

County <b>Reno</b>		Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>12</b>	Township number T <b>23</b>	Range number S R <b>5</b>	B/W
1. Location of well:		2. Distance and direction from nearest town or city: <b>1 1/2 mi E Hutchinson, Ks</b>		3. Owner of well: <b>T.J. Hester RT 4 Hutchinson, Ks 67501</b> City, state, zip code:		
4. Locate with "X" in section below:		Sketch map: 				
5. Type and color of material		From	To	6. Bore hole dia. <b>10</b> in. Completion date <b>9-15-78</b> Well depth <b>100</b> ft.		
<b>Sand F - yellow</b>		<b>0</b>	<b>8</b>	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		
<b>clay blue</b>		<b>8</b>	<b>11</b>	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		
<b>clay brown</b>		<b>11</b>	<b>25</b>	9. Casing: Material <b>PST</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC Weight <b>195</b> lbs./ft. Dia. <b>6</b> in. to <b>38</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>1200</b>		
<b>Clay + sand yellow - U.F. Sand</b>		<b>25</b>	<b>30</b>	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Rmp</b> Dia. <b>6"</b> Long gauze <b>3/32</b> Length <b>10'</b> Set between <b>22</b> ft. and <b>32</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>#6 - #12</b>		
<b>clay red</b>		<b>30</b>	<b>35</b>	11. Static water level: _____ mo./day/yr. <b>12</b> ft. below land surface Date <b>9-15-78</b>		
<b>Shale Red + blue</b>		<b>35</b>	<b>100</b>	12. Pumping level below land surfaces: <b>70</b> ft. after <b>2</b> hrs. pumping <b>6</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>6</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>300</b> Direction <b>SW</b> Type <b>septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:		19. Remarks: <b>10" hole To 38'</b> <b>5" hole To 100'</b>		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. <b>Miller Waterwell 137</b> Business name License No. _____ Address <b>Hutchinson, Ks.</b> Signed <b>GEO Miller</b> Authorized representative Date <b>9-20-78</b>		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5