

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 Reno	Fraction SE 1/4 SE 1/4 NW 1/4	Section number 11	Township number T 23 S R 6 E (W)	Range number 6
2. Distance and direction from nearest town or city: Street address of well location if in city: 1413 Woodlawn Hutchinson			3. Owner of well: Horne Body Shop R.R. or street: 1413 Woodlawn City, state, zip code: Hutchinson Kan. 67501			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>5-18-78</u> Well depth <u>30</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 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		
brown sandy soil		0	3	9. Casing: Material <u>Plas</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>6</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>6</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1175</u>		
brown sandy clay		3	7	10. Screen: Manufacturer's name <u>JAL</u> Type <u>RMP</u> Dia. <u>6"</u> Slot/gauze <u>1/8 hole</u> Length <u>10'</u> Set between <u>20</u> ft. and <u>30</u> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <u>NO</u> Size range of material <input type="checkbox"/>		
fine sand		7	9	11. Static water level: <input type="checkbox"/> mo./day/yr. <u>11</u> ft. below land surface Date <u>5-18-78</u>		
fine gravel		9	12	12. Pumping level below land surfaces: <u>11 1/2</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
medium gravel		12	30	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
				15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>12</u> ft.		
				16. Nearest source of possible contamination: <u>Solid</u> ft. <u>30</u> Direction <u>N</u> Type <u>sewer</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 <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		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 <u>RR3 Hutchinson</u> License No. <input type="checkbox"/> Address <u>RR3 Hutchinson</u> Signed <u>John Pavenant</u> date <u>6-20-78</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5