

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 Edwards | Fraction nw 1/4nw 1/4 nw 1/4 | Section number 29 | Township number T 25 | Range number S R 19 W E/W |
| 2. Distance and direction from nearest town or city: 4 miles S. of Kinsley, Kansas | | | 3. Owner of well: Paul Mann | | | |
| Street address of well location if in city: | | | R.R. or street: RR# 1 | | | |
| | | | City, state, zip code: Kinsley, Kansas 67547 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. 9 1/2 in. Completion date _____ | | |
| | | | | Well depth 49 ft. 5-2577 | | |
| | | | | 7. <input 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 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 plst Height: Above or below Threading: <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/8 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 1.8 lbs./ft. Dia. 5 in. to 49 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 0.250 | | |
| 5. Type and color of material | | From | To | 10. Screen: Manufacturer's name Jess and Lowell | | |
| Blow Sand | | 0 | 10 | Type RMP Dia. 5 in. Slot/gauze 06 Length 30 ft. Set between 19 ft. and 49 ft. _____ ft. and _____ ft. | | |
| Sandy clay | | 10 | 20 | Gravel pack? yes Size range of material 1/8 | | |
| Medium sand and gravel | | 20 | 49 | 11. Static water level: _____ mo./day/yr. 14 ft. below land surface Date 5-25-77 | | |
| | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 14. Well head completion: none <input type="checkbox"/> Pitless adapter _____ inches above grade | | |
| | | | | 15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 14 ft. | | |
| | | | | 16. Nearest source of possible contamination: Septic tank ft. 400 Direction South Type _____ 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: | | 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. Hodde Drilling Co. 302 Business name RR#1 Dodge City, KS License No. _____ Address _____ Signed Willie Zille Jr Date 5-31-77 Authorized representative | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | |

T 25
 R 19
 Sec 29
 NW 1/4
 NE 1/4
 SW 1/4
 SE 1/4

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

Form WWC-5