

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 <b>Hamilton</b>	Fraction <b>NW 1/4 NE 1/4 Se 1/4</b>	Section number <b>16</b>	Township number <b>T 25 S R 43</b>	Range number <b>E/W</b>
2. Distance and direction from nearest town or city: <b>17 miles north, 15 west, 3 north of Johnson Hwy Jct.</b> <small>Street address of well location if in city:</small>			3. Owner of well: <b>Melvin Winger</b> R.R. or street: <b>Johnson, Ks. 67855</b> City, state, zip code:		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>27</u> in. Completion date _____ Well depth <u>370</u> ft. <u>5-4-76</u>
Surface			0	2	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
Sandy clay			2	43	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 & gray clay			43	74	9. Casing: Material <u>Steel</u> Height <u>Above</u> or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>36.8</u> lbs./ft. Dia. <u>16</u> in. to <u>229</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>219</u>
Gummy clay			74	178	10. Screen: Manufacturer's name _____ <u>Lakewood Pipe of Texas</u> Type <u>steel</u> Dia. <u>16"</u> Slot/gauze <u>3/16</u> Length <u>140.11'</u> Set between <u>229.1</u> ft. and <u>370</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 5/8</u>
Yellow chalk- blue shale (tight)			178	228	11. Static water level: _____ mo./day/yr. <u>190</u> ft. below land surface Date <u>4-20-76</u>
Blue shale, & Dakota			228	248	12. Pumping level below land surfaces: <u>220</u> ft. after <u>12</u> hrs. pumping <u>1670</u> g.p.m. <u>205</u> ft. after <u>12</u> hrs. pumping <u>1530</u> g.p.m. Estimated maximum yield <u>3500</u> g.p.m.
Blue shale, Dakota (took water)			248	257	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sandstone, lost circulation			257	370	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: _____ NA ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
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>Houck Bros. Drlg. Co. 164</b> Business name _____ License No. _____ Address <u>Box 487 Ulysses, Ks.</u> Signed <u>M. Beard</u> Date <u>5-11-76</u> Authorized representative					

25 430 16 NW NE SE  
 T R Sec  
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