

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 <u>Haskell</u>	Fraction <u>SW1/4 SW1/4 NW1/4</u>	Section number <u>35</u>	Township number <u>T 27 S</u>	Range number <u>R 31 E/W</u>
2. Distance and direction from nearest town or city: <u>1/4 N. 2 W. 6 1/2 N of Copeland, KS</u> Street address of well location if in city:				3. Owner of well: <u>Richard Henley</u> R.R. or street: City, state, zip code: <u>Copeland, KS 67837</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>300</u> ft. <u>3/13/76</u>		
				7. <input checked="" 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		
5. Type and color of material		From	To	9. Casing: Material <u>PLTS</u> Height: <u>Above</u> or below Threaded _____ Welded <u>gl</u> Surface <u>14</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>240</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>6320</u>		
<u>Overburden</u>		<u>0</u>	<u>149</u>	10. Screen: Manufacturer's name _____ <u>J+L</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>60</u> Set between <u>240</u> ft. and <u>300</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8"</u>		
<u>Sand + Gravel</u>		<u>149</u>	<u>260</u>	11. Static water level: _____ mo./day/yr. <u>149</u> ft. below land surface Date <u>3/13/76</u>		
<u>Sand + Gravel + thin clay streaks</u>		<u>260</u>	<u>295</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>60</u> g.p.m.		
<u>Shale</u>		<u>295</u>	<u>300</u>	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 <u>14</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>13</u> ft.		
				16. Nearest source of possible contamination: ft. <u>160</u> Direction <u>W</u> Type <u>Septic</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 _____ 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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	Well to be completed by: <u>Dunham Drilling</u> <u>Copeland, KS 67837</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>T+W Water Well</u> <u>142</u> Business name License No. Address <u>Box 816 Liberal, KS</u> Signed <u>Ed Wagemeller</u> Date <u>3/19/76</u> Authorized representative			

T 27 S
 R 31 E/W
 Sec 35
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 SWSW1/4

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

Form WWC-5