

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: Haskell	Fraction: NE 1/4 NE 1/4 NW 1/4	Section number: 33	Township number: T 28 S R 32 E 10							
2. Distance and direction from nearest town or city: Approx. 6 1/2 north and 1 east of Sublette, ks. Street address of well location if in city:			3. Owner of well: Newman & Wheatley Farms R.R. or street: RR #1 City, state, zip code: Isabel, ks 67065								
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 26 in. Completion date 8/8/79 Well depth 544 ft.							
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">5. Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> </tr> <tr> <td colspan="3" style="text-align:center;">See attached log</td> </tr> </table>		5. Type and color of material	From	To	See attached log			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
				5. Type and color of material	From	To					
See attached log											
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		9. Casing: Material steel Height: above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 42.05 lbs./ft. Dia. 16 in. to 544 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250		10. Screen: Manufacturer's name W. A. Brown Type Louver Dia. 16 Slot/gauze .100 Length 140 Set between 325 ft. and 405 ft. 481 ft. and 541 ft. Gravel pack? Yes Size range of material #1 coarse							
11. Static water level: _____ mo./day/yr. 234 ft. below land surface Date 8/10/79		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1800 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 12 inches above grade		15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		16. Nearest source of possible contamination: None ft. _____ Direction _____ Type observed Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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: X Flat Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							
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. Henkle Drilling & Supply 145 Business name License No. Address Curien City, ks 67846 Signed Barney J. Reichmuth Date 9/14/79 Authorized representative							

T 28 S R 32 E 10
NW 1/4 NE 1/4

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

Form WWC-5

