

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 Grant	Fraction NW 1/4 SW 1/4 NW 1/4	Section number 4	Township number T 28 S R 35 E/W	Range number
2. Distance and direction from nearest town or city: 4 miles east, 5 3/4 north of Hickok, Ks. <small>Street address of well location if in city:</small>				3. Owner of well: Thomas & Edward Koehn R.R. or street: RFD 1 City, state, zip code: Ulysses, Ks. 67880		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>27</u> in. Completion date _____ Well depth <u>485</u> ft. <u>2-26-76</u>		
				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		
5. Type and color of material				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 <u>stl</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>36.8</u> lbs./ft. Dia. <u>16</u> in. to <u>295</u> ft. depth; Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth; gage No. <u>219</u>		
				10. Screen: Manufacturer's name <u>Lakewood</u> <u>Pipe and Johnson Screen</u> Type <u>steel</u> Dia. <u>16"</u> Slot/gauze <u>3/16</u> Length <u>160</u> Set between <u>295</u> ft. and <u>485</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 5/8</u>		
				11. Static water level: _____ mo./day/yr. <u>264</u> ft. below land surface Date <u>1-29-76</u>		
				12. Pumping level below land surfaces: <u>303</u> ft. after <u>24</u> hrs. pumping <u>1320</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>NA</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: ft. _____ Direction _____ Type <u>NA</u> 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		
				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. Houck Bros. Drlg. Co. 164 Business name <u>Box 487 Ulysses, Ks.</u> License No. _____ Address _____ Signed <u>M. Beard</u> Date <u>4-30-77</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		30 feet of Johnson Screen set between 335 feet and 365 feet				
		(Use a second sheet if needed)				

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

Form WWC-5