

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 Seward	Fraction SW 1/4 SE 1/4 SW 1/4	Section number 25	Township number T 32 S R 31	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Southwestern Heights Consolidated School R.R. or street: City, state, zip code: P.O. BOX 156, Kismet, Ks. 67859		
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. 17 1/2 in. Completion date 7/17/77 Well depth 481 ft.
See Attachment			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		
			8. Use: <input type="checkbox"/> Domestic <input checked="" 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 5 PVC <input type="checkbox"/> Weight 24.7 lbs./ft. Dia. 8 5/8 in. to 481 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 277		
			10. Screen: Manufacturer's name Johnson Screen Type Continuous Dia. 8 5/8 " <input checked="" type="checkbox"/> Slot gauze .100 Length 50' Set between 430 ft. and 480 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material #1 Coarse		
			11. Static water level: <input type="checkbox"/> mo./day/yr. 200 ft. below land surface Date 7/17/77		
			12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 125 g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 7/20/77		
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 20 ft.		
			16. Nearest source of possible contamination: ft. 200 Direction East Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Red Jacket Model number 8HB6 HP 20 Volts 160 Length of drop pipe 357 ft. capacity 100 g.p.m. Type: <input checked="" 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. Henkle Drilling & Sply 145 Business name License No. Address Box 639, Garden City, Ks Signed Bruce J. Richmond Date 7/27/77 Authorized representative		
<input checked="" type="checkbox"/> Flat Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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SW
SE
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SW
1/4
1/4
7/77
1/4

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

Form WWC-5

