

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 Sheridan	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 3	Township number T 7 S R 27 E/W	Range number 27 E/W
2. Distance and direction from nearest town or city: 7 1/2 N 6 1/2 E			3. Owner of well: Jewell Walden			
Street address of well location if in city: Hoxie, Kansas			R.R. or street: City, state, zip code: Hoxie, Kansas			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>7-26-75</u> Well depth <u>230</u> ft.		
		<p>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</p> <p>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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other</p> <p>9. Casing: Material <u>plst</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>220</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u></p>		10. Screen: Manufacturer's name _____ Peerless Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>.06</u> Length <u>10'</u> Set between <u>220</u> ft. and <u>230</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>1/8</u>		
				11. Static water level: <u>135</u> ft. below land surface Date <u>7-27-75</u> mo./day/yr.		
5. Type and color of material		From	To	12. Pumping level below land surfaces: <u>AIR</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 100 _____ g.p.m.		
<u>top soil</u>		<u>0</u>	<u>135</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>fine sand sandy clay</u>		<u>135</u>	<u>145</u>	14. Well head completion: <u>Windmill</u> <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>fine sand sandy clay</u>		<u>145</u>	<u>155</u>	15. Well grouted? <u>yes</u> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <u>4</u> ft. to <u>20</u> ft.		
<u>fine sand med gravel loose colored</u>		<u>155</u>	<u>165</u>	16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No		
<u>fine sand sandy clay sand stone (streak)</u>		<u>165</u>	<u>215</u>	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		
<u>fine sand med gravel loose colored</u>		<u>215</u>	<u>228</u>	(Use a second sheet if needed)		
<u>ochre shale</u>		<u>228</u>	<u>235</u>			
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. Blue Jay Drilling Inc. 214 Business name License No. _____ Address Box 503 Colby, Ks. Signed <u>Richard Ball</u> Date <u>7/27/75</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5