

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

DAB

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 Sheldon | Fraction NW 1/4 NE 1/4 SE 1/4 | Section number 18 | Township number T 7 S R 98 E 10 | Range number |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: | | | 3. Owner of well: R.R. or street: City, state, zip code: | | | |
| 6 N. - 2 W. - 1/2 N From Hattie, Ks. | | | Donald Deike Hattie, Ks. 67740 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | | 6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>3/18/80</u> Well depth <u>248</u> ft. | |
| | | | | | 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 | | | | | 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>Steel</u> Height: Above 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 _____ lbs./ft. Dia. _____ in. to _____ ft. depth; Wall thickness: inches or Dia. <u>1 1/2</u> in. to <u>218</u> ft. depth; gauge No. <u>3188</u> | |
| | | | | | 10. Screen: Manufacturer's name _____ <u>WA Brown</u> Type <u>Lower</u> Dia. <u>16"</u> Slot/gauze _____ Length <u>60 FT</u> Set between <u>188</u> ft. and <u>248</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4 - 3/8</u> | |
| | | | | | 11. Static water level: _____ mo./day/yr. <u>157</u> ft. below land surface Date <u>5/16/79</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>1300</u> g.p.m. | |
| | | | | | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| | | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade | |
| | | | | | 15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>228</u> ft. to <u>248</u> ft. | |
| | | | | | 16. Nearest source of possible contamination: ft. _____ Direction <u>None</u> Type _____ 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 | |
| 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. | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | BROCK 248 | | | Blue Jay Drilling Co. Inc. 214 Business name License No. _____ Address <u>Box 503 Colby, Ks.</u> Signed <u>[Signature]</u> Date <u>3/18/80</u> Authorized representative | |

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

Form WWC-5