

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

MELD 17

WATER WELL RECORD  
KSA 82a-1201-1215

1333

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <u>Sheridan</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section number <u>21</u>	Township number <u>T 7 S R 29</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: <u>7.5 Selden</u>			3. Owner of well: <u>Allen Hungiker</u>			
Street address of well location if in city:			R.R. or street: City, state, zip code: <u>Selden, Ks.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>27</u> in. Completion date _____ Well depth: <u>238</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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	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		
<u>Top soil</u>		<u>0</u>	<u>35</u>	9. Casing: Material <u>ASB</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>38.46</u> lbs./ft. Dia. <u>16</u> in. to <u>136</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>23</u>		
<u>sand + clay</u>		<u>35</u>	<u>125</u>	10. Screen: Manufacturer's name <u>John Manswell</u> Type <u>Ash-C</u> Dia. _____ <input checked="" type="checkbox"/> Slot gauze <u>1/4</u> Length <u>102</u> Set between <u>136</u> ft. and <u>235</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u>		
<u>sandy clay + limestone</u>		<u>125</u>	<u>132</u>	11. Static water level: _____ mo./day/yr. <u>128</u> ft. below land surface Date <u>4/15/73</u>		
<u>rock</u>		<u>133</u>	<u>134</u>	12. Pumping level below land surfaces: <u>190</u> ft. after <u>9</u> hrs. pumping <u>700</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1000</u> g.p.m.		
<u>sand</u>		<u>134</u>	<u>142</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>limestone</u>		<u>142</u>	<u>143</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
<u>sand</u>		<u>143</u>	<u>150</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
<u>clay with s. sand</u>		<u>150</u>	<u>162</u>	16. Nearest source of possible contamination: ft. <u>10</u> ft. Direction <u>NW</u> Type <u>Ditch</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
<u>rock</u>		<u>162</u>	<u>172</u>	17. Pump: _____ Not installed Manufacturer's name <u>Western Drilling</u> Model number <u>Turbine</u> HP <u>125</u> Volts _____ Length of drop pipe <u>230</u> ft. capacity <u>900</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
<u>sand + clay + limestone</u>		<u>172</u>	<u>182</u>	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. <u>Corder Drilling 114</u> Business name _____ license No. _____ Address <u>Selden, Ks.</u> Signed <u>Elmer Corder</u> Date <u>2-20-73</u> Authorized representative _____ <u>12-9-73</u>		
<u>sand</u>		<u>182</u>	<u>192</u>			
<u>clay</u>		<u>192</u>	<u>193</u>			
<u>sand</u>		<u>193</u>	<u>197</u>			
<u>sandy clay</u>		<u>197</u>	<u>210</u>			
<u>sand with A. clay</u>		<u>210</u>	<u>238</u>			
(Use a second sheet if needed) <u>BRUCK ?</u>						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>2863 (TOPO)</u>				

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

Form WWC-5