

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

WATER WELL RECORD  
KSA 82a-1201-1215

BAA

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

1. Location of well:	County <i>Sheridan</i>	X Fraction <i>NW</i> NE 1/4 NE 1/4 <del>SW</del> 1/4	Section number <i>32</i>	Township number T <i>7</i> S R	Range number <i>30</i>
2. Distance and direction from nearest town or city: <i>4 N 1 1/2 E</i>			3. Owner of well: <i>Ruman Boyg</i>		
Street address of well location if in city: <i>MENLO, KANSAS</i>			R.R. or street: _____		
			City, state, zip code: <i>Selden Kansas</i>		
4. Locate with "X" in section below:			Sketch map:		
<p style="font-size: 2em; margin: 0;">X</p> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 5px;">1 Mile</div> <div style="margin-left: 5px;">N W E S 1 Mile</div> </div>					
5. Type and color of material			From	To	6. Bore hole dia. <i>30</i> in. Completion date <i>5-1-76</i> Well depth <i>268</i> ft.
<i>Fog Soil</i>			<i>0</i>	<i>155</i>	7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored <input checked="" type="checkbox"/> Reverse rotary
<i>Fine Sand Med gravel (streak) loose color</i>			<i>155</i>	<i>175</i>	8. Use: ___ Domestic ___ Public supply ___ Industry <input checked="" type="checkbox"/> Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other
<i>" " " " " "</i>			<i>175</i>	<i>195</i>	9. Casing: Material <i>Steel</i> Height: <i>Above</i> or below Threaded ___ Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP ___ PVC ___ Weight <i>33</i> lbs./ft. Dia. <i>0</i> in. to <i>28</i> ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth gage No. <i>156</i>
<i>" " " " " "</i>			<i>195</i>	<i>205</i>	10. Screen: Manufacturer's name <i>H. A. BROWN</i> Type <i>LUPER</i> Dia. <i>1 3/4</i> Slot/gauze ___ Length <i>60</i> Set between <i>208</i> ft. and <i>268</i> ft. ___ ft. and ___ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4 X 3/8</i>
<i>" " " " " "</i>			<i>205</i>	<i>215</i>	11. Static water level: _____ mo./day/yr. <i>153</i> ft. below land surface Date <i>4-20-76</i>
<i>" " " " " " (streak) loose color</i>			<i>205</i>	<i>215</i>	12. Pumping level below land surfaces: <i>265</i> ft. after <i>3</i> hrs. pumping <i>1100</i> g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <i>1100</i> g.p.m.
<i>" " " " " " (streak) loose color</i>			<i>215</i>	<i>225</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No ___ Date _____
<i>" " " " " " (streak) loose color</i>			<i>225</i>	<i>235</i>	14. Well head completion: ___ Pitless adapter <i>12</i> Inches above grade
<i>" " " " " " (streak) loose color</i>			<i>235</i>	<i>245</i>	15. Well grouted? <i>Yes</i> With: <input checked="" type="checkbox"/> Neat cement ___ Bentonite ___ Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.
<i>" " " " " " (streak) loose color</i>			<i>245</i>	<i>255</i>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <i>None</i>
<i>" " " " " " (streak) loose color</i>			<i>255</i>	<i>265</i>	Well disinfected upon completion? ___ Yes <input checked="" type="checkbox"/> No
<i>" " " " " " (streak) loose color</i>			<i>265</i>	<i>273</i>	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: ___ Submersible ___ Turbine ___ Jet ___ Reciprocating ___ Centrifugal ___ Other
<i>" " " " " " (streak) loose color</i>			<i>273</i>	<i>280</i>	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. <i>Blue Jay Drilling Co. 214</i> Business name _____ License No. _____ Address _____ Signed <i>Mervin Hall</i> Date <i>5-20</i> Authorized representative
18. Elevation:			19. Remarks:		
Topography: ___ Hill ___ Slope <input checked="" type="checkbox"/> Upland ___ Valley			<i>we did not sell pump</i>		
			(Use a second sheet if needed)		

T 7  
R 30  
W 32  
Sec 32  
1/4 1/4 1/4

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

Form WWC-5