

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

TWP: Smith

| | | | | | | |
|--|--|-------------------------|---|-----------------------------|---|--------------|
| 1. Location of well: | | County Thomas | Fraction SW 1/4 SW 1/4SW 1/4 | Section number 16 | Township number T 7 S R 31 E/W | Range number |
| 2. Distance and direction from nearest town or city: From Rexford, KS. 2 miles South; 3 miles west Street address of well location if in city: | | | 3. Owner of well: Bill Dible R.R. or street: City, state, zip code: Rexford, Kansas | | | |
| X Locate with "X" in section below: Sketch map: <div style="text-align: center;"> </div> | | | 6. Bore hole dia. <u>30</u> in. Completion date <u>4/13/76</u> Well depth <u>210</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 | | | |
| | | | 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 <u>188</u> lbs./ft. Dia. <u>16</u> in. to <u>140</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>140</u> ft. depth gage No. <u>188</u> | | | |
| 5. Type and color of material | | | From | To | 10. Screen: Manufacturer's name <u>Brown</u> | |
| Clay & sand & gravel | | | 0 | 90 | 10' Cook | |
| Sandstone | | | 90 | 101 | Type <u>Perforated</u> Dia. <u>16"</u> | |
| Sandy clay | | | 101 | 107 | Slot/gauze <u>10%</u> Length <u>60'</u> | |
| Sandstone hard | | | 107 | 110 | Set between <u>140</u> ft. and <u>200</u> ft. | |
| Medium to coarse sand & gravel & clay streaks | | | 110 | 119 | <u>200</u> ft. and <u>210</u> ft. | |
| Sandstone | | | 119 | 121 | Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 X 5/8 50%#1</u> | |
| Sandy clay | | | 121 | 127 | 11. Static water level: <u>90</u> ft. below land surface Date <u>4-17-76</u> | |
| Sandstone hard | | | 127 | 129 | 12. Pumping level below land surfaces: | |
| Clay | | | 129 | 134 | <u>N/A</u> ft. after <u>1</u> hrs. pumping <u>1,000</u> g.p.m. | |
| Coarse sand & gravel | | | 134 | 141 | <u>1</u> ft. after <u>1</u> hrs. pumping <u>1,000</u> g.p.m. | |
| Sandy clay | | | 141 | 152 | Estimated maximum yield <u>1000</u> g.p.m. | |
| Sandstone | | | 152 | 156 | 13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No Date | |
| Clay | | | 156 | 162 | 14. Well head completion: | |
| Sandstone hard | | | 162 | 166 | <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade | |
| Coarse sand & gravel | | | 166 | 175 | 15. Well grouted? <input checked="" type="checkbox"/> With: <u>Neat cement</u> <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>Clay</u> <input checked="" type="checkbox"/> Concrete | |
| Sandstone | | | 175 | 177 | Depth: From <u>0</u> ft. to <u>10</u> ft. | |
| Clay & sand & gravel | | | 177 | 182 | 16. Nearest source of possible contamination: | |
| Coarse sand & gravel | | | 182 | 197 | ft. <u>5000</u> Direction <u>North</u> Type <u>Farm</u> | |
| Coarse sand & gravel & layers of clay | | | 197 | 207 | Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Ochre & shale | | | 207 | 220 | 17. Pump: | |
| (Use a second sheet if needed) | | | | | <input type="checkbox"/> Not installed | |
| 18. Elevation: | | | 20. Water well contractor's certification: | | | |
| 19. Remarks: | | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | | |
| Topography: | | | <u>Western Well & Pump</u> <u>245</u> | | | |
| <input type="checkbox"/> Hill | | | Business name License No. | | | |
| <input type="checkbox"/> Slope | | | Address <u>PO Box 852 Colby, KS</u> | | | |
| <input checked="" type="checkbox"/> Upland | | | Signed <u>Dally Berry</u> Date <u>5/11/76</u> | | | |
| <input type="checkbox"/> Valley | | | Authorized representative | | | |

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

Form WWC-5

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|---|--------|---------------|----------|---|-------------|--|
| 1 Location of well: | County | Township name | Fraction | Section number | Town number | Range number |
| Distance and direction from nearest town or city: Street address of well location if in city: | | | | 3 Owner of well: Stewart Brenn (cont. pg. 2) Address: Levant, Kansas | | |
| Locate with "X" in section below: N W E S 1 Mile | | | | 4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in. | | |
| Sketch map: | | | | 5 <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 | | |
| | | | | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ | | |
| 2 Type and color of material | | | | 7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth | | |
| | | | | 8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ | | |
| Medium to coarse sand and gravel | | | | 208 | 218 | 9 Static water level: _____ ft. below land surface Date _____ |
| Sandstone and clay | | | | 218 | 239 | 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. |
| Medium to coarse sand | | | | 239 | 241 | 11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ |
| Cemented sand and gravel- white | | | | 241 | 242 | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade |
| Medium to coarse sand and gravel- white | | | | 242 | 256 | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft. |
| Ochre | | | | 256 | 257 | 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medium to coarse sand and gravel- white | | | | 257 | 260 | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 |
| Ochre and Shale | | | | 260 | 275 | 17 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. Western Well and Pump 245 Business name _____ License No. _____ Address _____ Signed Sally Berry Date 3-22-76 Authorized representative |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

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Form WWC-5