

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

NICODEMUS

WATER WELL RECORD
KSA 82a-1201-1215

ADD 15109

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

1. Location of well:		County Graham	Fraction 1/4 NE 1/4 ne 1/4	Section number 11	Township number T 8 S R	Range number 21
2. Distance and direction from nearest town or city: 1/2-S from Nicodemus, Ks. west side Street address of well location if in city:			3. Owner of well: James Thyfault R.R. or street: none City, state, zip code: Damar, Kansas 67632			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>57</u> ft. <u>5-24-78</u>	
					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	
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		
sandy top soil		0	2	9. Casing: Material <u>steel</u> Height: Above or below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>57</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>		
fine sand		2	3	10. Screen: Manufacturer's name _____ Doerrs Type <u>steel</u> Dia. _____ Slot 3/16 <u>3/16</u> Length <u>20</u> Set between <u>37</u> ft. and <u>57</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>3/4 3/8</u>		
sand & gravel		3	26	11. Static water level: _____ mo./day/yr. <u>7 1/2</u> ft. below land surface Date <u>5-19-78</u>		
fine sand & gravel blue clay		26	37	12. Pumping level below land surfaces: <u>20</u> ft. after <u>1</u> hrs. pumping <u>200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>550</u> g.p.m.		
fine sand & gravel		37	57	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>5-19-78</u>		
BROCK ? 57'				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
? 10'				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
49.5 sat then				16. Nearest source of possible contamination: ft. <u>2900</u> Direction <u>west</u> Type <u>feedyard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
NOI ... Og				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		
(Use a second sheet if needed)				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. Rosencrantz-Bemis <u>134</u> Business name License No. Address Great Bend, Kansas <u>67530</u> Signed <u>S. Kilgore</u> Date <u>6-19-78</u> Authorized representative		
18. Elevation:	19. Remarks:			20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	1962 (TOPO) 57 1905					

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

Form WWC-5