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

BOQUE MN

WATER WELL RECORD
KSA 82a-1201-1215

ABD

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

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Graham	SE 1/4 MN c 1/4 ne 1/4	11	T 8 S	R 21 E (W)

2. Distance and direction from nearest town or city:
1½-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:

N
NW NE
W E
SW SE
S
1 Mile
1 Mile

6. Bore hole dia. 29 in. Completion date
Well depth 58 ft. 5-24-78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material steel Height: Above or below
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 16 in. to 58 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 7

5. Type and color of material	From	To
sandy top soil	0	2
fine sand	2	3
sand & gravel	3	26
blue clay	26	37
fine sand & gravel	37	58
BROCK ? 58'		
? 7½ tum		
50.5' salt thick		
not in Og		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Doerrs
Type steel Dia.
Slot/gage 3/16 Length 20
Set between 38 ft. and 58 ft.
ft. and ft.
Gravel pack? X Size range of material 3/4 3/8

11. Static water level: mo./day/yr.
7½ ft. below land surface Date 5-19-78

12. Pumping level below land surfaces:
33 ft. after 1 hrs. pumping 200 g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 400 g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes ___ No Date 5-19-78

14. Well head completion:
___ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ½ mile Direction west Type feedyard
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

18. Elevation:
Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks:
1971 (Tuttle)
T 19 S

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 134
Business name License No.
Address Great Bend, Kansas 67530
Signed S. Kilgore Date 6-19-79
Authorized representative

T 8 R 21 (W) Sec 11 1/4 1/4 1/4 1/4 NE

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

Form WWC-5

MI-1023