

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

DBB

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <i>Sheridan</i>	Fraction <i>NW 1/4 NW 1/4 SE 1/4</i>	Section number <i>5</i>	Township number T <i>8</i> S R <i>27</i> E/W	Range number
2. Distance and direction from nearest town or city: <i>4E - 2 1/2 N</i>			3. Owner of well: <i>Willis TOOTHACKER</i>			
Street address of well location if in city: <i>NOXIE K'S</i>			R.R. or street: <i>R.</i>			
			City, state, zip code: <i>NOXIE</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>9</i> in. Completion date: <i>8-22-76</i>		
				Well depth <i>140</i> ft.		
				7. <input checked="" 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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<i>Top soil</i>		<i>0</i>	<i>3</i>	9. Casing: Material _____ Height: <u>(Above)</u> or below		
<i>gravel</i>		<i>3</i>	<i>5</i>	Threaded _____ Welded _____ Surface <i>11</i> in.		
<i>sandy clay & S.S.</i>		<i>5</i>	<i>25</i>	RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
<i>S.S.</i>		<i>25</i>	<i>29</i>	Dia. <i>5</i> in. to <i>140</i> ft. depth Wall Thickness: inches or		
<i>sandy clay & S.S.</i>		<i>29</i>	<i>47</i>	Dia. _____ in. to _____ ft. depth Gage No. <i>200</i>		
<i>S.S.</i>		<i>47</i>	<i>52</i>	10. Screen: Manufacturer's name _____		
<i>sandy clay</i>		<i>52</i>	<i>60</i>	Type <i>PVC</i> Dia. <i>5</i>		
<i>gravel</i>		<i>60</i>	<i>78</i>	Slot/gauze <i>1/32</i> Length <i>8'</i>		
<i>sandy clay</i>		<i>78</i>	<i>81</i>	Set between <i>130</i> ft. and <i>138</i> ft.		
<i>gravel</i>		<i>81</i>	<i>86</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/8-1/4</i>		
<i>sandy clay</i>		<i>86</i>	<i>101</i>	11. Static water level: _____ mo./day/yr.		
<i>gravel</i>		<i>101</i>	<i>124</i>	<i>64</i> ft. below land surface Date <i>8-22-76</i>		
<i>sandy clay</i>		<i>124</i>	<i>132</i>	12. Pumping level below land surfaces: <i>N/A.</i>		
<i>gravel</i>		<i>132</i>	<i>138</i>	____ ft. after _____ hrs. pumping _____ g.p.m.		
<i>Office</i>		<i>138</i>	<i>140</i>	____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <i>30 +</i> g.p.m.		
18. Elevation:		19. Remarks:		13. Water sample submitted: _____ mo./day/yr.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<i>Concrete slab. by Crestomic</i>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
		(Use a second sheet if needed)		14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/>		
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: <i>none</i>		
				ft. _____ Direction _____ Type _____		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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>STRUCKHOFF SON 298</i>		
				Business name _____ License No. _____		
				Address <i>GRINNELL, K's</i>		
				Signed <i>[Signature]</i> Date <i>9-22-76</i>		
				Authorized representative		

8
270
5
NW 1/4 SE
1/4 1/4 SE

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

Form WWC-5