

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

1. Location of well:		County <b>Sheridan</b>	Fraction <b>SW 1/4 SW 1/4 SE 1/4</b>	Section number <b>19</b>	Township number <b>T 8 S R</b>	Range number <del>22</del> <b>27</b> E/W
2. Distance and direction from nearest town or city: <b>3 East 1/2 South 1/4 West of Hoxie, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>Elvin Coulter</b> R.R. or street: <b>1733 Sheridan Ave.</b> City, state, zip code: <b>Hoxie, Ks. 67740</b>		
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <b>5</b> in. Completion date <b>4-19-80</b> Well depth <b>198</b> 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		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input 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		
5. Type and color of material				9. Casing: Material <b>Styrene</b> Height: Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.		
				RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>1.75</b> lbs./ft.		
				Dia. <b>5</b> in. to <b>198</b> ft. depth Wall Thickness: inches or		
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>214</b>		
				10. Screen: Manufacturer's name _____		
				Type <b>Styrene</b> Dia. <b>5 in.</b>		
				Slot/gauze <b>Slot</b> Length _____		
				Set between <b>178</b> ft. and <b>198</b> ft.		
				_____ ft. and _____ ft.		
				Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 in.</b>		
				11. Static water level: _____ mo./day/yr. <b>127</b> ft. below land surface Date <b>4-19-80</b>		
				12. 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.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: _____ ft. <b>200</b> Direction <b>West</b> Type <b>Barnyard</b>		
				Well disinfected upon completion? _____ Yes _____ 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		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. <b>F &amp; W Drilling 394 A</b> Business name _____ License No. _____ Address <b>Rt. 1 Hoxie, Ks. 67740</b> Signed <b>Walt Work</b> Date _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5