

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

HOXIE

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

WATER WELL RECORD
KSA 82a-1201-1215

BBD

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

1. Location of well:	County: <u>Shenandoah</u>	Township name: <u>NE SW NW NW</u>	Fraction: <u>SE</u>	Section number: <u>27</u>	Town number: <u>8 5</u>	Range number: <u>27 W</u>
Distance and direction from nearest town or city: <u>6 W, 2 S of Hoxie, Kansas</u>				3 Owner of well: <u>George Jones</u>		
Street address of well location if in city:				Address: <u>Route 1 Hoxie, Kansas 67740</u>		
Locate with "X" in section below:			Sketch map:			
			<p>4 Well depth: <u>80</u> ft. Date of completion <u>2-20-76</u> Well diameter <u>6</u> in.</p> <p>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 checked="" type="checkbox"/> Reverse rotary</p> <p>6 Use: <input checked="" 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"/></p> <p>7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>76</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth <u>White water tank</u></p> <p>8 Screen: Manufacturer <u>Web Plastics</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>10'</u> Set between <u>66</u> ft. and <u>76</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u></p> <p>9 Static water level: <u>26</u> ft. below land surface Date <u>2-19-76</u></p> <p>10 Pumping level below land surfaces: <u>55</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.</p> <p>11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</p> <p>12 Well head completion: <u>White water tank</u> <input type="checkbox"/> Pitless adapter <u>NO</u> <input checked="" type="checkbox"/> Inches above grade</p> <p>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.</p> <p>14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>SW</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Gee 10</u> Model number _____ HP <u>3/4</u> Volts _____ Length of drop pipe <u>28</u> ft. capacity <u>32</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other</p>			
2 Type and color of material						
Topsoil, Clay, Silty, Brown			0 40			
Sandy Clay, Brown			40 44			
Fine Sand, Med. Gravel, Brown			44 46			
Sandy Clay, Brown			46 54			
Fine Sand, Med. Gravel, Silty Sandy Clay			54 60			
Fine Sand, Med. Gravel, Brown			60 68			
Ochre - yellow, Shale - blue			68 80			
BROCK 68'						
(use a second sheet, if needed)						
16 Remarks: elevation			2521 (TOPO)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <u>Red Tiger Flu</u> <u>125</u> Business name License No. Address <u>Box 521 Colby, KS</u> Signed <u>Jim P</u> Date <u>2-5-76</u> Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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