

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

BIBA

1. Location of well:		County Sheridan	Fraction NE 1/4 NW 1/4 NW 1/4	Section number 33	Township number T 8-5 S	Range number R 27 W E/W
2. Distance and direction from nearest town or city: 2W 2 1/2 S			3. Owner of well: JOHN MOSIER			
Street address of well location if in city: TASCO KS.			R.R. or street: R.			
			City, state, zip code: HOXIE KS.			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 9-1-76		
				Well depth 39 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 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		
				9. Casing: Material _____ Height: (Above or below)		
				Threaded _____ Welded _____ Surface 12 in.		
				RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		
				Dia. 5 in. to 39 ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth Gauge No. 200		
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____
Top soil				0	16	deers lowell
Gravel				16	39	Type PVC Dia. 5
Clay				39	39	Slot/gauze 1/32 Length 8'
Clay				39	39	Set between 31 ft. and 39 ft.
						Gravel pack? <input checked="" type="checkbox"/> Size range of material 18-24
						11. Static water level: _____ mo./day/yr.
						14 ft. below land surface Date 9-1-76
						12. Pumping level below land surfaces: N/A
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						_____ ft. after _____ hrs. pumping _____ g.p.m.
						Estimated maximum yield 30+ g.p.m.
						13. Water sample submitted: _____ mo./day/yr.
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						14. Well head completion: _____
						<input type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.
						16. Nearest source of possible contamination: _____
						ft. 300 Direction South Type River
						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
(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.
						STRUCKHOFF SONS 298
						Business name _____ License No. _____
						Address GRINNELL KS
						Signed [Signature] Date 9-21-76
						Authorized representative
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography:		Concrete by				
<input type="checkbox"/> Hill		Customer				
<input type="checkbox"/> Slope						
<input type="checkbox"/> Upland						
<input checked="" type="checkbox"/> Valley						

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

Form WWC-5