

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 <i>Sheldon</i>	Fraction <i>NW 1/4 SE 1/4 SW 1/4</i>	Section number <i>6</i>	Township number T <i>8</i> S R	Range number <i>28</i> E/W
2. Distance and direction from nearest town or city: <i>2 1/2 W</i> Street address of well location if in city: <i>Hoxie KS</i>			3. Owner of well: <i>Rick Moss</i> R.R. or street: City, state, zip code: <i>Hoxie Mo. 67740</i>			
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile			6. Bore hole dia. <i>12 3/4</i> in. Completion date <i>6-17-76</i> Well depth <i>215</i> ft.			
			7. <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			
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <i>Steel</i> Height: <i>Above</i> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>12 3/4</i> in. to <i>215</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>188</i>			
			10. Screen: Manufacturer's name <i>W A Brown</i> Type <i>River</i> Dia. <i>12 3/4</i> Slot/gauze <i>7/8</i> Length <i>40</i> Set between <i>175</i> ft. and <i>215</i> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>4 x 5/8</i>			
			11. Static water level: <input type="checkbox"/> mo./day/yr. <i>113</i> ft. below land surface Date <i>6-17-76</i>			
			12. Pumping level below land surfaces: <i>175</i> ft. after <i>3</i> hrs. pumping <i>800</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>1250</i> g.p.m.			
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
			14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade			
			15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.			
			16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <i>None</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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. <i>Blue Jay Drilling Inc 214</i> Business name License No. Address: <i>Box 503 Cully Mo</i> Signed <i>Monty Rell</i> Date <i>6-30</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" 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