

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

BCB

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|---|--|-------------------------|---------------------------------------|--------------------------|---|-------------------------|
| 1. Location of well: | | County: <u>Sheridan</u> | Fraction: <u>NW 1/4 SW 1/4 NW 1/4</u> | Section number: <u>3</u> | Township number: <u>T 8 S R 29 E/W</u> | Range number: <u>29</u> |
| 2. Distance and direction from nearest town or city: <u>6 W. 3 3/4 N</u> | | | 3. Owner of well: <u>David Cooper</u> | | | |
| Street address of well location if in city: <u>Hope K.O.</u> | | | R.R. or street: <u>Hope Kansas</u> | | | |
| 4. Locate with "X" in section below: | | | Sketch map: | | 6. Bore hole dia. <u>20</u> in. Completion date <u>4-30-76</u> Well depth <u>271</u> 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 | |
| 5. Type and color of material | | | From | To | 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 | |
| <u>Top Soil</u> | | | <u>0</u> | <u>135</u> | 9. Casing: Material <u>Steel</u> Height: (Above or below) Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>33</u> lbs./ft. Dia. <u>0</u> in. to <u>27</u> ft. depth Wall Thickness: inches or Dia. <u>0</u> in. to <u>27</u> ft. depth gage No. <u>1156</u> | |
| <u>fine sand med gravel (streak) med loose</u> | | | <u>135</u> | <u>145</u> | 10. Screen: Manufacturer's name <u>W.A. Brown</u> Type <u>Screen</u> Dia. <u>12 3/4</u> Slot/gauze <u>60</u> Length <u>60</u> Set between <u>211</u> ft. and <u>271</u> ft. <u>271</u> ft. and <u>271</u> ft. | |
| <u>" " (streak) med loose</u> | | | <u>145</u> | <u>155</u> | Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 3/8</u> | |
| <u>" " (streak) med loose</u> | | | <u>155</u> | <u>165</u> | 11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____ | |
| <u>" " (streak) med loose</u> | | | <u>165</u> | <u>175</u> | 12. Pumping level below land surfaces: <u>271</u> ft. after <u>3</u> hrs. pumping <u>850</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>850</u> g.p.m. | |
| <u>" " (streak) med loose</u> | | | <u>175</u> | <u>185</u> | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| <u>" " (streak) med loose</u> | | | <u>185</u> | <u>195</u> | 14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade | |
| <u>" " (streak) med loose</u> | | | <u>195</u> | <u>205</u> | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | |
| <u>" " (streak) med loose</u> | | | <u>205</u> | <u>215</u> | 16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>NONE</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| <u>" " (streak) med loose</u> | | | <u>215</u> | <u>225</u> | 17. Pump: _____ Not installed Manufacturer's name <u>Hydra</u> Model number <u>1300</u> HP <u>125</u> Volts _____ Length of drop pipe <u>259</u> ft. capacity <u>850</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| <u>" " (streak) med loose</u> | | | <u>225</u> | <u>231</u> | 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. <u>Blue Jay Drilling Co. 214</u> Business name _____ License No. _____ Address <u>Hope, Kansas</u> Signed <u>Mauley Reel</u> Date <u>5-21</u> Authorized representative | |
| <u>" " (streak) med loose</u> | | | <u>231</u> | <u>240</u> | | |
| <u>BROCK 231</u> | | | | | | |
| (Use a second sheet if needed) | | | | | | |
| 18. Elevation: | | 19. Remarks: | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | |

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

Form WWC-5