

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 Sheridan | Fraction NE 1/4 SE 1/4 NE 1/4 | Section number 4 | Township number T 8 S R 29 E 0 | Range number |
| 2. Distance and direction from nearest town or city: 6W. 1 1/2 N Hoxie, Ks | | | 3. Owner of well: Dave Cooper | | |
| Street address of well location if in city: | | | R.R. or street: | | |
| | | | City, state, zip code: Hoxie, Kansas | | |
| 4. Locate with "X" in section below: | | | Sketch map: | | |
| | | | 6. Bore hole dia. <u>9</u> in. Completion date 11-1-76 Well depth 235 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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | 9. Casing: Material <u>plst</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <u>5</u> in. to <u>225</u> ft. depth Wall thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>.250</u> | | |
| 5. Type and color of material | | | 10. Screen: Manufacturer's name _____ | | |
| | | | Peerless | | |
| | | | Type <u>PVC</u> Dia. <u>5</u> | | |
| | | | Slot/gauze <u>.06</u> Length <u>10'</u> | | |
| | | | Set between <u>225</u> ft. and <u>235</u> ft. | | |
| | | | _____ ft. and _____ ft. | | |
| | | | Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/2-1/8</u> | | |
| | | | 11. Static water level: _____ mo./day/yr. <u>112</u> ft. below land surface Date 11-1-76 | | |
| | | | 12. Pumping level below land surfaces: Air _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>100</u> 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? yes With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>4</u> ft. to <u>20</u> ft. | | |
| | | | 16. Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| | | | 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. Blue Jay Drilling Inc. 211 Business name License No. _____ Address Box 503 Colby, Ks. Signed <u>Victor Hall</u> Date <u>7/21/76</u> Authorized representative | | |
| 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

T 8 S R 29 E 0
 Sec 4
 1/4 1/4 1/4
 NE SE SW NW