

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

<input checked="" type="checkbox"/> Location of well:	County <u>Sheridan</u>	Fraction <u>NE 1/4</u> <u>SE 1/4</u>	Section number <u>4</u>	Township number <u>8</u>	Range number <u>29</u>
<input checked="" type="checkbox"/> Distance and direction from nearest town or city:	Street address of well location if in city: <u>43N 1 1/2 E 1/2 W of Sequin</u>		3. Owner of well: <u>Max Arnold</u> R.R. or street: City, state, zip code: <u>Hokee, KS</u>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <u>Stock well middle of field</u>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>5-1-80</u> Well depth <u>274</u> ft.
<u>Top soil</u>			<u>0</u>	<u>31</u>	7. <input 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
<u>Sandy Clay</u>			<u>31</u>	<u>80</u>	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
<u>M. gravel</u>			<u>80</u>	<u>91</u>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>274</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>20011</u>
<u>Sandy Clay</u>			<u>91</u>	<u>136</u>	10. Screen: Manufacturer's name <u>Deere</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8-1/16</u> Length <u>8'</u> Set between <u>266</u> ft. and <u>274</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-5/16</u>
<u>M. gravel</u>			<u>136</u>	<u>155</u>	11. Static water level: _____ mo./day/yr. <u>170</u> ft. below land surface Date <u>5-1-80</u>
<u>S. clay</u>			<u>155</u>	<u>182</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>Not Tested</u> g.p.m.
<u>F. sand</u>			<u>182</u>	<u>200</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>S. clay</u>			<u>200</u>	<u>218</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>M. gravel</u>			<u>218</u>	<u>223</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>S. clay</u>			<u>223</u>	<u>235</u>	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>W</u> Type <u>coal</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>F. sand @ S. clay</u>			<u>235</u>	<u>245</u>	17. Pump: _____ Not installed Manufacturer's name <u>Pumps Jack</u> 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 checked="" type="checkbox"/> Other
<u>shovel</u>			<u>245</u>	<u>270</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>B+B Drilling 376</u> Business name _____ License No. _____ Address <u>Hokee, KS</u> Signed <u>Joseph Beckman</u> Date <u>6-16-80</u> Authorized representative
<u>Ocher</u>			<u>270</u>	<u>274</u>	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
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