

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

OCB

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 <u>Sheridan</u>	Fraction <u>NW 1/4 SW 1/4 SW 1/4</u>	Section number <u>14</u>	Township number <u>T 8 S R 29</u>	Range number <u>EW</u>
2. Distance and direction from nearest town or city: <u>5 W on 24 from HOXIE 1 South 1 E 3/8 S</u>			3. Owner of well: <u>DARREL ALLEN</u> R.R. or street: City, state, zip code: <u>HOXIE KANSAS 67740</u>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>28</u> in. Completion date <u>10-14-76</u> Well depth <u>240</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					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	
					9. Casing: Material <u>SP4</u> Height: <u>(A)</u> 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 <input type="checkbox"/> lbs./ft. Dia. <u>1 1/8</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>188</u>	
					10. Screen: Manufacturer's name <u>W. A. Brown</u> Type <u>SP4</u> Dia. <u>1 1/8</u> " Slot/gauze <u>1/8</u> " Length <u>80-96</u> Set between <u>160</u> ft. and <u>240</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <u>Yes</u> Size range of material <u>4-34</u>	
					11. Static water level: <input type="checkbox"/> mo./day/yr. <u>125</u> ft. below land surface Date <u>10-10-76</u>	
					12. Pumping level below land surfaces: <u>190</u> ft. after <u>1</u> hrs. pumping <u>1150</u> g.p.m. <u>225</u> ft. after <u>3</u> hrs. pumping <u>1150</u> g.p.m. Estimated maximum yield <u>1200</u> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12"</u> Inches above grade	
					15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.	
					16. Nearest source of possible contamination: ft. <u>2000</u> Direction <u>East</u> Type <u>Valley</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Western Lined Roller</u> Model number <u> </u> HP <u>100</u> Volts <u> </u> Length of drop pipe <u>230</u> ft. capacity <u>1150</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	
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. <u>Selden Drilling</u> <u>339</u> Business name License No. Address <u>Selden, Kansas</u> Signed <u>Pat Wegman</u> Date <u>10-18-76</u> Authorized representative	
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

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 R 29
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