

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

ACCEPT

App # 27224

WATER WELL RECORD
 USA 82a-1201-1215
 DDB 1 or 2 NR CTR SE 1/4

Kansas Department of Health and Environment-Division of Environment
 (Water well Contractors)
 Topeka, Kansas 66620

1. Location of well:		County Graham	Fraction DDB NW 1/4 SE 1/4 SE 1/4	Section number 23	Township number T 9 S R 25 X/W	Range number	
2. Distance and direction from nearest town or city: 6 3/4 S; 5 E Street address of well location if in city:			3. Owner of well: XXXXXXXXXX Charles Waggoner R.R. or street: City, state, zip code: Morland, Kansas				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>30</u> in. Completion date <u>1-24-76</u> Well depth <u>198</u> ft.		
					7. 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>Steel</u> Height: Above ground XXXX Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>.188</u> lbs./ft. Dia. <u>16</u> in. to <u>138</u> ft. depth Wall Thickness: inches or Dia. <u>in.</u> to <u>ft.</u> depth gage No. <u>#7</u>		
					10. Screen: Manufacturer's name _____ <u>Brown</u> Type <u>Regular</u> Dia. <u>16"</u> Slot/gauze <u>10%</u> Length <u>40'</u> Set between <u>138'</u> ft. and <u>178'</u> ft. <u>20' Cook 178'</u> ft. and <u>198'</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4x5/8 30%</u> #1		
					11. Static water level: _____ mo./day/yr. <u>142</u> ft. below land surface Date <u>7-26-76</u>		
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. <u>196</u> ft. after <u>2</u> hrs. pumping <u>224</u> g.p.m. Estimated maximum yield _____ 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 type="checkbox"/> Pitless adapter _____ <u>12</u> Inches above grade		
					15. Well grouted? <input checked="" type="checkbox"/> <u>Clay</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> XXXX Depth: From <u>0</u> ft. to <u>10</u> ft.		
					16. Nearest source of possible contamination: ft. <u>1/2</u> Direction <u>N</u> Type <u>Farm</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
					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		
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. Western Well & Pump 245 Business name License No. _____ Address <u>Box 852 Colby, KS 67701</u> Signed <u>Allen Barry</u> Date <u>9-15-76</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed) BROCK 189 189 <u>7m</u> IN <u>142</u> / <u>47</u> set thick APP # 27,224 in Og 7581 (K652007) 2581-7m 159 2592					

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

Form WWC-5