

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

WATER WELL RECORD
KSA 82a-1201-1215

DDD

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

1. Location of well: County <u>Sheridan</u>		Section <u>X</u> <u>SE 1/4 SE 1/4 SE 1/4</u>		Section number <u>7</u>	Township number T <u>9</u> S R <u>27</u>	Range number <u>27</u>	E <u>10</u>
2. Distance and direction from nearest town or city: <u>6S 1E 12N</u> Street address of well location if in city: <u>Of Hoxie, Kansas</u>				3. Owner of well: <u>Ray A. Haffner</u> R.R. or street: <u>Rt. 1</u> City, state, zip code: <u>Hoxie, Kansas 67740</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>2/5/76</u> Well depth <u>196</u> ft.			
				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			
5. Type and color of material		From		To		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	
Top Soil		0		15		9. Casing: Material <u>PIPS</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>15</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. <u>196</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.032</u>	
Sand		15		30		10. Screen: Manufacturer's name <u>Tet Stream</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/32</u> Length <u>20"</u> <input checked="" type="checkbox"/> Set between <u>176</u> ft. and <u>196</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material <u>1/8"</u>	
Sandy Clay Strips		30		59		11. Static water level: _____ mo./day/yr. <u>136</u> ft. below land surface Date <u>2/5/76</u>	
Sand		59		67		12. Pumping level below land surfaces: _____ ft. after <u>NA</u> hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
Soft Sand Rock		67		125		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Yellow Clay		125		132		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>20"</u> inches above grade	
Yellow Clay		132		140		15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>18</u> ft.	
Clay		140		143		16. Nearest source of possible contamination: ft. _____ Direction <u>None</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sand and Clay Strips		143		158		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	
Sand Rock		158		169		18. Elevation: <u>NA</u>	
Sand		160		192		19. Remarks: <u>System to be finished by some one other than us.</u>	
Oker		192		196		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>Bartell Drilling</u> <u>139</u> Business name License No. Address <u>Winona, Kansas 67764</u> Signed <u>Joe Bartell</u> Date <u>2/23</u> Authorized representative	
						<p>(Use a second sheet if needed)</p> <p>18. Elevation: <u>NA</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p>	

BROOK 192'

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

Form WWC-5