

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

ACH

1. Location of well:		County <b>Shedden</b>	Fraction <b>NE 1/4 SW 1/4 NE 1/4</b>	Section number <b>31</b>	Township number <b>T 9 S</b>	Range number <b>R 27 E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
2. Distance and direction from nearest town or city: <b>Hoxie</b> Street address of well location if in city: <b>95 - 3E</b>			3. Owner of well: <b>Bill Vickers</b> R.R. or street: City, state, zip code: <b>Hoxie Ks</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>6-9-77</u> Well depth <u>167</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	11	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>N/A</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>167</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>		
sandy clay		11	21	10. Screen: Manufacturer's name <u>Dees Howell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>8'</u> Set between <u>155</u> ft. and <u>163</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 x 1/4</u>		
m. gravel		21	45	11. Static water level: _____ mo./day/yr. <u>80</u> ft. below land surface Date <u>6-9-77</u>		
sandy clay & S.S.		45	62	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30 plus</u> g.p.m.		
gravel		62	66	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
sandy clay		66	78	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
m. gravel		78	83	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>14</u> ft. to <u>4</u> ft.		
sandy clay		83	87	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>none</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
m. gravel		87	94	17. Pump: Manufacturer's name <u>Gravids</u> Not installed Model number <u>13EM</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>153</u> ft. capacity <u>18</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
fine sand		114	150	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>STRUCKHOFF SONS</u> <u>298</u> Business name License No. Address <u>GRINNELL Ks</u> Signed <u>K. Struckhoff</u> Date <u>6-15-77</u> Authorized representative		
gravel		150	163			
Ocher		163	167			
		<b>BROCK 163'</b>				
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T  
R  
E  
S  
E  
C  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100

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

Form WWC-5