

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

1. Location of well:	County <b>Sheridan</b>	Fraction <b>SW 1/4 SW 1/4 NE 1/4</b>	Section number <b>12</b>	Township number <b>T 9 S R</b>	Range number <b>29 E/W</b>																																																						
2. Distance and direction from nearest town or city: <b>2 Miles S 2 Miles W 1 1/2 Miles S 1/2 M W</b> Street address of well location if in city: <b>of HOXIE</b>			3. Owner of well: <b>Arlie Oren</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Hoxie, Ks. 67740</b>																																																								
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile			6. Bore hole dia <b>9</b> in. Completion date <b>4-25-81</b> Well depth <b>83</b> ft.																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">5. Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> <tr> <td>Surface</td> <td>0</td> <td>6</td> </tr> <tr> <td>Clay</td> <td>6</td> <td>23</td> </tr> <tr> <td>Gravel</td> <td>23</td> <td>29</td> </tr> <tr> <td>Clay</td> <td>29</td> <td>39</td> </tr> <tr> <td>Medium Sand</td> <td>39</td> <td>41</td> </tr> <tr> <td>Clay</td> <td>41</td> <td>48</td> </tr> <tr> <td>Medium Sand</td> <td>48</td> <td>55</td> </tr> <tr> <td>Caliche</td> <td>55</td> <td>56</td> </tr> <tr> <td>Sand</td> <td>56</td> <td>58</td> </tr> <tr> <td>Clay</td> <td>58</td> <td>60</td> </tr> <tr> <td>Caliche</td> <td>60</td> <td>69</td> </tr> <tr> <td>Clay</td> <td>69</td> <td>74</td> </tr> <tr> <td>Medium Sand</td> <td>74</td> <td>82</td> </tr> <tr> <td>Clay</td> <td>82</td> <td>95</td> </tr> <tr> <td>Caliche</td> <td>95</td> <td>96</td> </tr> <tr> <td>Ochre</td> <td>96</td> <td>103</td> </tr> <tr> <td>Shale</td> <td>103</td> <td>105</td> </tr> </table>			5. Type and color of material	From	To	Surface	0	6	Clay	6	23	Gravel	23	29	Clay	29	39	Medium Sand	39	41	Clay	41	48	Medium Sand	48	55	Caliche	55	56	Sand	56	58	Clay	58	60	Caliche	60	69	Clay	69	74	Medium Sand	74	82	Clay	82	95	Caliche	95	96	Ochre	96	103	Shale	103	105	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																																																						
Surface	0	6																																																									
Clay	6	23																																																									
Gravel	23	29																																																									
Clay	29	39																																																									
Medium Sand	39	41																																																									
Clay	41	48																																																									
Medium Sand	48	55																																																									
Caliche	55	56																																																									
Sand	56	58																																																									
Clay	58	60																																																									
Caliche	60	69																																																									
Clay	69	74																																																									
Medium Sand	74	82																																																									
Clay	82	95																																																									
Caliche	95	96																																																									
Ochre	96	103																																																									
Shale	103	105																																																									
			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																																																								
			9. Casing: Material <b>styrene</b> Height: Above or below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP: <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.75</b> lbs./ft. Dia. <b>5</b> in. to <b>83</b> ft. depth Wall Thickness <b>1/4</b> inches or Dia. <b>5</b> in. to <b>83</b> ft. depth gage No. <b>.214</b>																																																								
			10. Screen: Manufacturer's name _____ Type <b>Styrene Slot</b> Dia. <b>5</b> in. Slot/gauze _____ Length _____ Set between <b>73</b> ft. and <b>83</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4</b> in.																																																								
			11. Static water level: _____ <b>23</b> ft. below land surface Date <b>4-25-81</b> mo./day/yr.																																																								
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																																																								
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																																								
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade																																																								
			15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.																																																								
			16. <del>125</del> <b>125</b> ft. source of possible contamination: <b>Septic Tank</b> Direction <b>SW</b> Type <b>Septic Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																								
			17. Pump: _____ 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:  (Use a second sheet if needed)																																																								
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <b>F &amp; W Drilling 394A</b> Business name _____ License No. _____ Address <b>Rt. 1 Hoxie, Ks. 67740</b> Signed <b>Walter Kraft</b> Date _____ Authorized representative																																																								

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

Form WWC-5