

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 <i>Sheridan</i>	Fraction <i>NE 1/4 NW 1/4 NW 1/4</i>	Section number <i>9</i>	Township number T <i>9</i> S R <i>30 E</i>	Range number <i>30 E</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>6 M 1/3 E of S of Angolan</i>			3. Owner of well: <i>Jack Schmitt</i> R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <i>M. gravel well</i> <i>feed lot</i> <i>slopes south</i>		6. Bore hole dia. <i>9</i> in. Completion date <i>8-19-80</i> Well depth <i>222</i> ft.		
5. Type and color of material		From		To		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
		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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other				
Top soil		0		28		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <i>200</i> lbs./ft. Dia. <i>5</i> in. to <i>222</i> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <i>14-200H</i>
Sandy clay		28		48		10. Screen: Manufacturer's name <i>James L. Howell</i> Type <i>PVC</i> Dia. <i>5"</i> Slot/gauze <i>4-1/4</i> Length <i>8'</i> Set between <i>24</i> ft. and <i>222</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>4x #20</i>
M. gravel		48		56		11. Static water level: _____ mo./day/yr. <i>145</i> ft. below land surface Date <i>8-19-80</i>
Sandy clay		56		70		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>25-30</i> g.p.m.
M. gravel		70		73		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____
Sandy clay		73		101		14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade
Gravel		101		121		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>4</i> ft. to <i>14</i> ft.
Sandy clay		121		128		16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>E</i> Type <i>Ditch</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fine sand		128		144		17. Pump: _____ Not installed Manufacturer's name <i>Howells</i> Model number <i>25EL</i> HP <i>2</i> Volts <i>220</i> Length of drop pipe <i>169</i> ft. capacity <i>25</i> 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
Sandy clay		144		153		18. Elevation: _____ 19. Remarks: <i>Obno-220-222</i>
Fine sand Sandy clay		153		171		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. <i>B & B Drilling</i> <i>376</i> Business name _____ License No. _____ Address <i>Shinnell St</i> Signed <i>Joseph Beckman</i> Date <i>9-15-80</i> Authorized representative
Sandy clay		171		178		
M. gravel		178		191		
Sandy clay		191		200		
Sandy clay sandstone		200		208		
Gravel (Use a second sheet if needed)		208		220		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T-9
 R-30 E
 S-9
 NE 1/4 NW 1/4

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

Form WWC-5