

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

WATER WELL RECORD
KSA 82g-1201-1215

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

1. Location of well:		County Sherman	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 22	Township number T 9 S	Range number R 42	X W							
2. Distance and direction from nearest town or city: 6 mi. South; 2 mi. East Street address of well location if in city:			3. Owner of well: Glen Boeckman R.R. or street: City, state, zip code: Kanorado, KS 67741											
4. Locate with "X" in section below: <div style="text-align: center;">N <table border="1" style="margin: auto;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr><tr><td style="text-align: center;">X</td><td style="text-align: center;"></td></tr></table> S 1 Mile</div>					NW	NE	SW	SE	X		Sketch map:		6. Bore hole dia. 30 in. Completion date _____ Well depth 286 ft. 7-10-78	
NW	NE													
SW	SE													
X														
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 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							
Sand & Gravel & Clay			0		104		9. Casing: Material Steel Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 286 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .188							
							10. Screen: Manufacturer's name Cook 276-286 Type Brown Dia. 16" Slot/gauze 10% Length 80' Set between 196 ft. and 276 ft. Gravel pack? <input checked="" type="checkbox"/> Sandy & Gravel of material Smith 1/2"							
Sand & Gravel & Clay Cement Streaks			104		128		11. Static water level: _____ mo./day/yr. 155 ft. below land surface Date 7-10-78							
							12. Pumping level below land surfaces: 280 ft. after 2 hrs. pumping 500 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 500 g.p.m.							
Sandy Clay			128		142		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____							
							14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade							
Med. Coarse Sand & Gravel			142		169		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.							
							16. Nearest source of possible contamination: ft. 6000 Direction SW Type Farmstead Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Clay & Cement Sand Streaks			169		204		17. Pump: _____ Not installed Manufacturer's name Floway Model number 10 DOL HP 40 Volts _____ Length of drop pipe 270 ft. capacity 600 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other							
							18. Elevation: _____							
Fine Med. Sand & Clay & Broken Sandstone St.			204		223		19. Remarks: BROCK 286							
							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. 245 Western Well & Pump 25 Business name License No. _____ Address Box 852 Colby, KS 67701 Signed Larry McElreath Date 7/24/78 Authorized representative							
Fine Med. Sand			223		235									
Sandstone			235		236									
Fine Med. Sand			236		239									
Sandstone			239		240									
Fine Med. Sand			240		253									
Clay & Cement			253		256									
Fine Med. & Clay Streaks			256		266									
Med. Sand			266		278									
Clay			278		280									
Med. Coarse Sand & Small Gravel Ochre & Shale (Use a second sheet if needed)			280		286									

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

Form WWC-5