

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 <u>POTTAWATOMIE</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>5</u> Township number <u>T 10 S</u> Range number <u>R 9 E/W</u>	
2. Distance and direction from nearest town or city: <u>1 N + 1 W.</u> Street address of well location if in city: <u>ST. George, KS</u>	
3. Owner of well: <u>Lennie Hodges</u> R.R. or street: <u>RFD</u> City, state, zip code: <u>ST. Geo., KS.</u>	
4. Locate with "X" in section below: Sketch map: <u>Empty LOT ON Hill</u>	
5. Type and color of material	
	From To
<u>Top Red Sand</u>	<u>0 33</u>
<u>yellow clay</u>	<u>33 37</u>
<u>yellow clay w/ Fine sand</u>	<u>37 45</u>
<u>Fine yellow sand</u>	<u>45 65</u>
<u>Fine yellow sand w/ clay</u>	<u>65 80</u>
<u>Fine grey sand</u>	<u>80 105</u>
<u>Fine yellow sand w/ clay</u>	<u>105 110</u>
<u>Grey sandy Clay</u>	<u>110 120</u>
<u>Medium gravel</u>	<u>120 125</u>
<u>Fine Brown Sand</u>	<u>125 129</u>
<u>Brown Clay</u>	<u>129 130</u>
<u>COARSE Sand</u>	<u>130 133</u>
<u>COARSE SAND + Medium GRAVEL</u>	<u>133 137</u>
(Use a second sheet if needed)	
18. Elevation:	19. Remarks: <u>Owner to install slab</u>
Topography: <input checked="" 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. <u>STANDER DRG Co Inc 182</u> Business name License No. Address <u>RT 1, Holton, KS</u> Signed <u>Lennie Hodges</u> Date <u>8-11-76</u> Authorized representative
6. Bore hole dia. <u>12</u> in. Completion date _____ Well depth <u>137</u> ft. <u>8-11-76</u>	
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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <u>blue</u> Weight <u>2.75</u> lbs./ft. Dia. <u>5</u> in. to <u>133</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1258</u>	
10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1025</u> Length <u>10</u> Set between <u>127</u> ft. and <u>137</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-200</u>	
11. Static water level: _____ mo./day/yr. <u>70</u> ft. below land surface Date <u>8-11-76</u>	
12. Pumping level below land surfaces: <u>Air Test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <u> capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
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>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	