

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

<input checked="" type="checkbox"/> Location of well:	County: <u>Marshall</u>	Fraction: <u>SW 1/4 Sec 32 T 4S R 16 EW</u>	Section number: <u>32</u>	Township number: <u>4S</u>	Range number: <u>16 EW</u>																		
2. Distance and direction from nearest town or city: <u>1/2 E - 1/2 S of Frankfort, KS.</u> Street address of well location if in city:			3. Owner of well: <u>Victor Hunninghake</u> R.R. or street: <u>2</u> City, state, zip code: <u>Frankfort, Kans. 66427</u>																				
4. Locate with "X" in section below: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"> <p>Sketch map:</p> </div> <div style="font-size: small;"> <p>Sketch map: <u>S 20' 30" E</u></p> </div> </div>			6. Bore hole dia. <u>8</u> in. Completion date <u>8-11-76</u> Well depth <u>64</u> ft.																				
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:5%;">From</th> <th style="width:15%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Clay Brown</u></td> <td><u>0</u></td> <td><u>5</u></td> </tr> <tr> <td><u>" Yellow</u></td> <td><u>5</u></td> <td><u>50</u></td> </tr> <tr> <td><u>" " Sandy V-E</u></td> <td><u>50</u></td> <td><u>55</u></td> </tr> <tr> <td><u>" " " " "</u></td> <td><u>55</u></td> <td><u>60</u></td> </tr> <tr> <td><u>Quick Sand</u></td> <td><u>60</u></td> <td><u>64</u></td> </tr> </tbody> </table>				From	To	<u>Clay Brown</u>	<u>0</u>	<u>5</u>	<u>" Yellow</u>	<u>5</u>	<u>50</u>	<u>" " Sandy V-E</u>	<u>50</u>	<u>55</u>	<u>" " " " "</u>	<u>55</u>	<u>60</u>	<u>Quick Sand</u>	<u>60</u>	<u>64</u>	7. <input checked="" type="checkbox"/> Cable tool <input 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		
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			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>PLST</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Blue</u> Surface <u>16</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>4 1/2</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>25</u>																				
			10. Screen: Manufacturer's name <u>Jess + Lowell Casing Co.</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/2" x 3/4"</u> Length <u>30</u> Set between <u>3 3/4</u> ft. and <u>6 1/2</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8" - 1/2"</u>																				
			11. Static water level: _____ mo./day/yr. <u>32</u> ft. below land surface Date <u>8-11-76</u>																				
			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 <u>16</u> inches above grade																				
			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>15</u> ft.																				
			16. Nearest source of possible contamination: <u>300</u> Direction <u>EAST</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" 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																				
(Use a second sheet if needed)																							
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Cement Slab to be Poured by Customer</u>		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>Harper Drilg. Service</u> Business name: _____ License No. _____ Address: <u>Blue Rapids 176</u> Signed: <u>Eric Harper</u> Date: <u>8-11-76</u> Authorized representative																				

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

Form WWC-5

T 12
 R 10
 W 10
 Sec 32
 1/4 1/4 1/4 1/4 NW/4 SW/4

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 1245