

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>Marshall</u>	Fraction: <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number: <u>6</u>	Township number: T <u>5</u> S R <u>10</u> E/W	Range number: <u>10</u>
2. Distance and direction from nearest town or city: <u>5 1/2 - S of Viets Kans.</u> Street address of well location if in city:			3. Owner of well: <u>Leo Hunninghake</u> R.R. Street City, state, zip code: <u>Frankfort, KS. 66427</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>4-13-79</u> Well depth <u>42</u> ft.	
		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		8. Use: <input 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	
		9. Casing: Material <u>Plstc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>Blue</u> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>45</u> ft. depth Wall thickness _____ inches Dia. _____ in. to _____ ft. depth gage No. <u>Sec. 40</u>		10. Screen: Manufacturer's name <u>Pumpeo</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1/2"</u> Length <u>20'</u> Set between <u>323</u> ft. and <u>43</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/2-5/8"</u>	
5. Type and color of material		From	To	11. Static water level. _____ no./day/yr. <u>15</u> ft. below land surface Date <u>4-13-79</u>	
<u>Dirt Black</u>		<u>0</u>	<u>20</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.	
<u>Clay Gray</u>		<u>20</u>	<u>30</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>" With Gravel Gray</u>		<u>30</u>	<u>35</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<u>Gravel Coars</u>		<u>35</u>	<u>40</u>	15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.	
<u>" "</u>		<u>40</u>	<u>42</u>	16. Nearest source of possible contamination: <u>Water</u> ft. <u>30'</u> Direction <u>South</u> Type <u>Way</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Shale Blue</u>		<u>42</u>	<u>43</u>	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)				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, Andy, Inc.</u> 176 Business name License No. Address <u>Blue Rapids, KS</u> Signed <u>[Signature]</u> Date <u>4-13-79</u> Authorized representative	
18. Elevation: <u>1215</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>Cement to be Poured by</u> <u>land owner</u> <u>4" x 4" x 4" Thick</u> <u>Leo Hunninghake</u>				

T 5
 R 10
 W
 Sec 6
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5