

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>		Section <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>14</u>	Township number <u>T 35 S</u>	Range number <u>R 10 E</u>	E/W
2. Distance and direction from nearest town or city: <u>3/4 M. N. West side road</u>				3. Owner of well: <u>Mike Bramhall</u>			
Street address of well location if in city:				R.R. or street: <u>RR</u>			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>12</u> in. Completion date <u>4-28-76</u>			
				Well depth <u>202</u> ft.			
5. Type and color of material				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 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>STEEL</u> Height <u>Above</u> or below			
				Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>33</u> in.			
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>24</u> lbs./ft.			
				Dia. <u>6 1/2</u> in. to <u>199</u> ft. depth Well thickness: inches or			
				Dia. <u>3 1/2</u> in. to <u>202</u> ft. depth Edge No. <u>3676</u>			
				10. Screen: Manufacturer's name <u>none</u>			
				Type <u>9 steel</u> <u>1/2" slot on end</u>			
				Slot/gauge <u>0.60</u> Length <u>5</u>			
				Set between <u>197</u> ft. and <u>202</u> ft.			
				Gravel pack? <u>no</u> Size range of material <u>natural gravel</u>			
				11. Static water level: <u>60</u> ft. below land surface Date <u>4-28-76</u>			
				12. Pumping level below land surfaces:			
				<u>60</u> ft. after <u>1</u> hrs. pumping <u>11</u> g.p.m.			
				<u>60</u> ft. after <u>1</u> hrs. pumping <u>11</u> g.p.m.			
				Estimated maximum yield <u>11</u> g.p.m.			
				13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
				14. Well head completion: <u>NA</u>			
				<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				15. Well grouted? <u>yes</u> <u>1-2</u>			
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete			
				Depth: From <u>45</u> ft. to <u>5</u> ft.			
				16. Nearest source of possible contamination: <u>150</u> ft. Direction <u>S.E.</u> Type <u>Hogs</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			
18. Elevation: <u>1013</u>				20. Water well contractor's certification:			
19. Remarks:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				<u>Strader Drilling Co. 231</u>			
				Business name <u>Blue Rapids KS</u> License No. _____			
				Address _____			
				Signed <u>Harold Strader</u> Date <u>4-28-76</u>			
				Authorized Representative			

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

Form WWC-5