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	Fraction	Section number	Township number	Range number
	S heridan	NE 1/4 NE 1/4 NE 1/4	28	T 10 S	R 28 E/W

2. Distance and direction from nearest town or city:

Street address of well location if in city: 1E 3M. Grainfield

3. Owner of well: Don Ziegler
R.R. or street:
City, state, zip code: Grainfield Ks

4. Locate with "X" in section below: Sketch map:

N
NW NE
W E
SW SE
S
1 Mile 1 Mile

6. Bore hole dia. 8 in. Completion date 11-20
Well depth 22 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight 200 PSI lbs./ft.
Dia. 8 in. to 22 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 250

5. Type and color of material	From	To
Top soil	0	14
M. Gravel	14	21
Sandy Clay	21	54
Fine Sand M. Gravel	54	64
Clay	64	76
Ochre	76	77
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jet Stream
Type PVC Dia. 5"
Slot/gauze 1/16 Length 10'
Set between 62 ft. and 72 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/16

11. Static water level: mo./day/yr.
40 ft. below land surface Date 11-20

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? X
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 200 Direction S Type Crick
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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.
B+B Drilling 376
Business name License No.
Address Grinnell Ks
Signed Joseph Buckman Date 1-12
Authorized representative

T 10 R 28 E/W Sec 28 NE NE NE 1/4 1/4 1/4

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

Form WWC-5

MI-1023