

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 <i>Sheridan</i>	Fraction <i>SE 1/4 NW 1/4 NE 1/4</i>	Section number <i>6</i>	Township number <i>T 10 S</i>	Range number <i>R 29 E</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>5 N 1 E 1 N 1/2 E 1/4 SE of Grinnell</i>			3. Owner of well: <i>Louise Kruse</i> R.R. or street: City, state, zip code: <i>Oshtemo Kansas</i>			
4. Locate with "X" in section below: Sketch map: <i>Pasture well</i>			6. Bore hole dia. <i>29</i> in. Completion date <i>6-18-80</i> Well depth <i>133</i> ft.			
			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 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			
5. Type and color of material			From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <i>200</i> lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. <i>6</i> in. to <i>133</i> ft. depth gage No. <i>200TB</i>	
<i>Top soil</i>			<i>0</i>	<i>17</i>	10. Screen: Manufacturer's name <i>James Lowell</i>	
<i>S clay</i>			<i>17</i>	<i>50</i>	Type <i>PVC</i> Dia. <i>5"</i>	
<i>M. gravel</i>			<i>50</i>	<i>54</i>	Slot/gauze <i>1/2-3/4</i> Length <i>8'</i>	
<i>S clay</i>			<i>54</i>	<i>59</i>	Set between <i>125</i> ft. and <i>133</i> ft.	
<i>M. Gravel</i>			<i>59</i>	<i>74</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2-3/4</i>	
<i>S clay</i>			<i>74</i>	<i>85</i>	11. Static water level: _____ mo./day/yr. <i>80</i> ft. below land surface Date <i>6-18-80</i>	
<i>Gravel</i>			<i>85</i>	<i>93</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>Not tested</i> g.p.m.	
<i>S clay</i>			<i>93</i>	<i>108</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
<i>M. Gravel</i>			<i>108</i>	<i>113</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<i>Sand stone</i>			<i>113</i>	<i>128</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
<i>Gravel</i>			<i>128</i>	<i>132</i>	16. Nearest source of possible contamination: ft. <i>100</i> Direction <i>N</i> Type <i>Drum</i>	
<i>Ocher</i>			<i>132</i>	<i>133</i>	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)					17. Pump: _____ Not installed Manufacturer's name <i>Attermill</i> 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:		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. <i>B+B Dullin</i> <i>376</i> Business name _____ License No. _____ Address <i>Grinnell Ks</i> Signed <i>Joseph Beckman</i> Date <i>6/18/80</i> Authorized representative		

T 10 R 29 E 6 SE 1/4 NE 1/4

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

Form WWC-5