

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

GRAINECC NE

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 820-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

~~BAA~~ ~~CA13~~

1 Location of well:	County <u>Shenandoah</u>	Township name	Fraction <u>S NW NE NW 1/4</u>	Section number <u>11</u>	Town number <u>T 10 S</u>	Range number <u>R 29 W</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Don Sanuitz</u>		
Street address of well location if in city:				Address: <u>Grainfield, Ks.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>173</u> ft. Date of completion <u>10-27-75</u> Well diameter <u>28</u> in.		
				5 <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>25.16</u> lbs./ft. L <u>123</u> in. to <u>163</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material				From	To	
Topsoil				0	2	
Clay, Silty, brown				2	70	
Med Gravel, brown				70	75	
Med Gravel, Trace Sandy Clay				75	84	
Trace Med Gravel, Sandyclay, Sandstone				84	102	
Rine sand, Med Gravel, Trace Sandy Clay				102	106	
Sandy clay brown, Sandstone white				106	114	
Fine sand, Med Gravel, Trace Sandy Clay				114	118	
Fine sand, Med Gravel brown				118	133	
Sandy clay, brown				133	153	
Fine sand, Med Gravel, Sandy clay brown				153	158	
Finesand, Med Gravel brown				158	162	
Fine sand, Med Gravel, Sandy clay brown				162	164	
Shale blue				164	173	
BROCK 164'						
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley <u>2780 (TOPO)</u> <u>2791</u>				8 Screen: Manufacturer <u>Johnson</u> Type <u>steel</u> Dia. <u>12, 3/4</u> Slot/gauze <u>Slot 1/2</u> Length <u>10, 3/4</u> Set between <u>163</u> ft. and <u>173</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4-5</u>		
				9 Static water level: <u>246</u> ft. below land surface Date <u>9-23-75</u>		
				10 Pumping level below land surfaces: <u>160</u> ft. after <u>8</u> hrs. pumping <u>400</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>400</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>None</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>1</u> ft. to <u>12</u> ft.		
				14 Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Aurora</u> Model number _____ HP <u>32</u> Volts <u>12</u> Length of drop pipe <u>160</u> ft. capacity <u>400</u> g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation				17 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>Red Tiger Irrigation</u> <u>125</u> Business name License No. Address <u>Colby, KS</u> Signed <u>J. R. ...</u> Date <u>10-24-75</u> Authorized representative		

10 29 W 11 NW NE NW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5