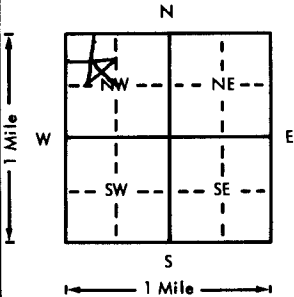


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

BBD

1. Location of well: <i>Pasture</i>		County <i>Shedden</i>	Fraction <i>SE 1/4 NW 1/4 NW 1/4</i>	Section number <i>20</i>	Township number T <i>10</i> S	Range number R <i>30</i> E/W	
2. Distance and direction from nearest town or city: <i>5N, 4W</i> Street address of well location if in city: <i>Crimmel</i>			3. Owner of well: <i>Jerome Robben</i> R.R. or street: <i>Crimmel Ks</i> City, state, zip code: <i>67738</i>				
4. Locate with "X" in section below: 			Sketch map:			6. Bore hole dia. <i>9</i> in. Completion date <i>9-3-75</i> Well depth <i>108</i> ft.	
5. Type and color of material			From	To	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		
			<i>Top soil</i>	<i>0</i>	<i>12</i>	9. Casing: Material <i>PVC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. <i>5</i> in. to <i>108</i> ft. depth gage No. <i>200</i>	
			<i>sandy clay</i>	<i>12</i>	<i>28</i>	10. Screen: Manufacturer's name _____ <i>Iron Screen</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>1/32</i> Length <i>8'</i> Set between <i>95</i> ft. and <i>103</i> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/8-1/4</i>	
			<i>gravel</i>	<i>28</i>	<i>31</i>	11. Static water level: _____ mo./day/yr. <i>46</i> ft. below land surface Date <i>9-3-75</i>	
			<i>sandy clay & S.S.</i>	<i>31</i>	<i>47</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>30+</i> g.p.m.	
			<i>gravel</i>	<i>47</i>	<i>52</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
			<i>sandy clay</i>	<i>67</i>	<i>84</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade	
			<i>gravel</i>	<i>84</i>	<i>103</i>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
			<i>sandy clay</i>	<i>103</i>	<i>108</i>	16. Nearest source of possible contamination: <i>none</i> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)					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 <i>mill</i> 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>L. Trueshoff done 298</i> Business name <i>Crimmel Ks.</i> License No. _____ Address <i>Crimmel Ks.</i> Signed <i>L. Trueshoff</i> Date <i>7-27-76</i> Authorized representative		

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

Form WWC-5