

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

AAA

1. Location of well: County <u>GOUSE</u>		Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>		Section number <u>12</u>	Township number T <u>12</u> S	Range number R <u>30</u> E/W
2. Distance and direction from nearest town or city: <u>55-1E-1S-1E</u>			3. Owner of well: <u>Shirley VERHOEFF</u>			
Street address of well location if in city: <u>GRINNELL</u>			R.R. or street: <u>R.</u>			
			City, state, zip code: <u>GRINNELL KS.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>7-23-76</u>		
				Well depth <u>58</u> ft.		
				7. <input checked="" 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 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 <input type="checkbox"/> Height: Above or <input checked="" type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>4'</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>58</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>300</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Jess Lawell</u>		
<u>Top soil</u>		<u>0</u>	<u>5</u>	Type <u>PVC</u> Dia. <u>5</u>		
<u>sandy clay</u>		<u>5</u>	<u>7</u>	Slot/gauze <u>1/32</u> Length <u>2'</u>		
<u>sandy clay & S.S.</u>		<u>7</u>	<u>11</u>	Set between <u>50</u> ft. and <u>58</u> ft.		
<u>gravel</u>		<u>11</u>	<u>19</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>		
<u>sandy clay</u>		<u>19</u>	<u>23</u>	11. Static water level: <u>23</u> ft. below land surface Date <u>7-23-76</u>		
<u>S.S.</u>		<u>23</u>	<u>28</u>	12. Pumping level below land surfaces: <u>N/A</u>		
<u>sandy clay</u>		<u>28</u>	<u>34</u>	____ ft. after ____ hrs. pumping ____ g.p.m.		
<u>gravel</u>		<u>34</u>	<u>39</u>	____ ft. after ____ hrs. pumping ____ g.p.m.		
<u>sandy clay</u>		<u>39</u>	<u>42</u>	Estimated maximum yield <u>20</u> g.p.m.		
<u>fine sand & sandy clay</u>		<u>42</u>	<u>53</u>	13. Water sample submitted: <u>No</u> Date _____		
<u>gravel</u>		<u>53</u>	<u>57</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>Ocher</u>		<u>57</u>	<u>58</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete		
				Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>0</u> ft. Direction <u>WEST</u> Type <u>DRW</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed		
				Manufacturer's name <u>Gruids</u>		
				Model number <u>25EL</u> HP <u>1</u> Volts <u>220</u>		
				Length of drop pipe <u>47</u> ft. capacity <u>25</u> g.p.m.		
				Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine		
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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. <u>BROCK HOFF SONS 298</u> Business name License No. Address <u>GRINNELL KS</u> Signed <u>[Signature]</u> Date <u>9-22</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)				

L 2 300 L 2 NE 1/4 NE 1/4

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

Form WWC-5