

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

ACA

1. Location of well: <u>House</u>		County: <u>Greene</u>	Fraction: <u>NE 1/4 SW 1/4 NE 1/4</u>	Section number: <u>28</u>	Township number: T <u>12</u> S R <u>20</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>	Range number: <u>20</u>
2. Distance and direction from nearest town or city: <u>8.5 - 1/2 W</u>			3. Owner of well: <u>Kenneth Hoover</u>			
Street address of well location if in city: <u>Grinnell</u>			R.R. or street: _____ City, state, zip code: <u>R. Grinnell KS 67738</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>10-3-75</u> Well depth <u>46</u> 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 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		
5. Type and color of material		From	To	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>4'</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>46</u> ft. depth gage No. <u>200</u>		
<u>Top soil</u>		<u>0</u>	<u>21</u>	10. Screen: Manufacturer's name _____ <u>Grinnell</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/32</u> Length <u>8'</u> Set between <u>37</u> ft. and <u>45</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>		
<u>brined mud</u>		<u>21</u>	<u>33</u>	11. Static water level: _____ mo./day/yr. <u>29</u> ft. below land surface Date <u>10-3-75</u>		
<u>fine sand</u>		<u>33</u>	<u>37</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30+</u> g.p.m.		
<u>cm. gravel</u>		<u>37</u>	<u>45</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
<u>Other</u>		<u>45</u>	<u>46</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
<u>BROCK 45</u>				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>South</u> Type <u>Brined</u> 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 <u>Grundfos</u> Model number <u>2551</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>25</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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>Stubbhoff</u> <u>298</u> Business name _____ License No. _____ Address <u>Grinnell KS</u> Signed <u>Stubbhoff</u> Date <u>7-29-76</u> Authorized representative		
18. Elevation:	19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

L 2 30 E 28 1/4 NE SW NE

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

Form WWC-5