

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

BCC

1. Location of well: <u>House</u>		County <u>Greene</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section number <u>9</u>	Township number T <u>13</u> S	Range number R <u>30</u> E <u>W</u>
2. Distance and direction from nearest town or city: <u>103 - 2W - 1 1/2 S</u>			3. Owner of well: <u>Bernard Otley</u>			
Street address of well location if in city: <u>Grinnell Ks.</u>			City, state, zip code: <u>R. Grinnell, Ks</u>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>6-2-75</u> Well depth <u>68</u> ft.	
					7. 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 <input type="checkbox"/> Height: Above or 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. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>68</u> ft. depth gage No. <u>200</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>58</u> ft. and <u>66</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4</u>	
Top soil			0 14		11. Static water level: <u>40</u> ft. below land surface Date <u>6-2-75</u>	
sandy clay			14 43		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.	
fine sand			43 45		13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____	
sandy clay			45 57		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
gravel			57 66		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From ____ ft. to ____ ft.	
Ocher			66 68		16. Nearest source of possible contamination: ft. <u>250</u> Direction <u>East</u> Type <u>Canal</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No 2nd no pump					17. Pump: Manufacturer's name <u>Grinnell</u> Not installed Model number <u>2551</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>60</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	
Top soil (Same location)			0 15		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>Stuckhoff</u> 298 Business name <u>Grinnell Ks.</u> License No. ____ Address <u>Grinnell Ks.</u> Signed <u>Stuckhoff</u> Date <u>7-28-76</u> Authorized representative	
sandy clay			15 30			
m. gravel			30 32			
sandy clay			32 50			
gravel			50 52			
fine sand			52 65			
gravel			65 70			
Ocher			70 71			
BROCK 70'						
18. Elevation: <u>19</u> ft.						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

13 30 9
 Sec 9
 SW 1/4 NW 1/4