

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

WATER WELL RECORD  
KSA 82a-1201-1215

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

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

1 Location of well:	County <b>GOVE</b>	Township name	Fraction <b>9E 1/4 - SW 1/4 - SW 1/4</b>	Section number <b>18</b>	Town number <b>13</b>	Range number <b>30 W</b>
Distance and direction from nearest town or city: <b>11-5 3-W 1 1/2 S</b>			3 Owner of well: <b>WAYNE REBARCHECK</b>			
Street address of well location if in city: <b>GRINNELL KS</b>			Address: <b>GRINNELL, KS</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: <b>26</b> ft. Date of completion <b>3/29/77</b> Well diameter <b>9</b> in.	
2 Type and color of material			From	To	5 <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	
			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. <b>Above</b> Diam. <b>5</b> in. to <b>26</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>26</b> ft. depth			
			8 Screen: Manufacturer <b>less lows 11</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/8</b> Length <b>8</b> Set between <b>18</b> ft. and <b>18</b> ft. <b>26</b> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8 - 1/4</b>			
			9 Static water level: <b>15</b> ft. below land surface Date <b>3/29/77</b>			
(use a second sheet if needed)			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>15</b> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>4</b> ft. to <b>14</b> ft.	
			14 Nearest source of possible contamination: ft. <b>400</b> Direction <b>South</b> Type <b>Drain</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ HP ____ Volts ____ Model number ____ Length of drop pipe ____ ft. capacity ____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
			16 Remarks: elevation <b>7665 (TOPO)</b> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>STRUCKHOFF SONS</b> <b>298</b> Business name License No. Address <b>GRINNELL, KS</b> Signed <b>Struckhoff</b> Date <b>4/22/77</b> Authorized representative	