HANSTON NW

WATER WELL RECORD KSA 82a-1201-1215 Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

AAA

County Section number Township number Range number NE NE 1. Location of well: HODGEMAN T 21 2. Distance and direction from nearest town or city: 7X1 NORTA

Street address of well location if in alter.

1 NIC C AST FRIAN 3. Owner of well: FLINER STINEMEY HUNSTUN TIANSAS R.R. or street: Street address of well location if in city: HANSTON KS City, state, zip cade: 6. Bore hole dia. \_\_\_\_\_ in. Completion date 4. Locate with "X" in section below: Well depth 107 ft. 23-24-7. \_ Cable tool 🗶 Rotory \_ Driven \_ Dug \_\_ Hollow rod \_\_ Jetted \_\_\_\_ Bored \_\_\_ Reverse rotary - NE --NW -8. Use: 🗶 Domestic \_\_\_ Public supply \_\_\_ Industry Mile \_\_ Irrigation \_\_ Air conditioning \_\_ Stock Lawn \_\_\_ Oil field water – SW – ~ Height: Above or below 9. Casing: Material \_ Surface 15 Threaded \_\_\_\_\_ Welded \_ RMP PVC Weight lbs./1
Dia 5 in. to 87 ft. depth Wall Thickness: inches or
Dia. in. to ft. depth gage No. 250 \_lbs./ft. - 1 Mile 5. Type and color of material 36 BROWN CLAY 0 Slot/gauze \_\_\_\_ FINESAND GETS BETTERWITH Length . ft. and \_ DEPTH Gravel pack? Law Size range of material STRIP OF YELLOWCLAY
SAND-GOOD LLOUSE 11. Static water level: ft. below land surface Date 12. Pumping level below land surfaces: 565 ft. after \_\_\_\_\_\_ hrs. pumping \_ 92 STRIPORTAN CLAY \_ hrs. pumping SAND- MED & COURSE 13. Water somple submitted: Yes 🔀 No Date CAIN BOW CLAY 14. Well head completion: **Pitless** adapter 15. Well grouted? VES With: \_\_XNeat cement \_ KR.OCK 'sat their 16. Nearest source of possible contamination: 5-7716
ft. 1 Direction SW Type Well disinfected upon completion? \_\_\_\_\_\_ Yes \_\_ Not installed Manufacturer's name \_\_ Length of drop pipe 23 \_\_ ft. capacity 🕰 g.p.m. Type: \_\_\_\_\_Submersible Turbine \_\_\_\_ Jet Reciprocating Other \_\_ Centrifugal (Use a second sheet if needed) 18. Elevation: 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is tyope to the best of my know<u>l</u>edge and belief. Topography: Business name Address Hill Slope Upland Authorized representative **'**∆∨alley Form WWC-5 Forward the white, blue and pink copies to the Department of Health and Environment

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