

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

Hanston NW
KS

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

WATER WELL RECORD
KSA 82a-1201-1215

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

DCC

1 Location of well:	County HIDGEMAN	Township name MARENA	Fraction SW SW SE SE 1/4	Section number 25	Town number 21	Range number 22
Distance and direction from nearest town or city: 1 1/2 MI EAST OF HANSTON KS			3 Owner of well: CLELAND KOONTZ			
Street address of well location if in city:			Address: HANSTON KANSAS			
Locate with "X" in section below:		Sketch map:		4 Well depth: 180 ft. Date of completion 6-6-75 Well diameter 5 in.		
N W ——— E S 1 Mile		Sketch map: 		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		
2		Type and color of material		From	To	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
		YELLOW CLAY WITH ROCK		0	42	7 Casing: Material STYRENE Weight: 250 WALL Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. 5 in. to 170 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		BLACK SHALE		42	73	8 Screen: Manufacturer JESSE & LOWELL Type STYRENE Dia. 5 Slot/gauze 1/16 Length 10 Set between 170 ft. and 180 ft.
		BLUE SHALE		73	114	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" - 1/4"
		LIGHT SANDY ROCK		114	124	9 Static water level: 80 ft. below land surface Date 6-6-75
		GREY SHALE		124	140	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.
		RED CLAY		140	154	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		RED CLAY & GREY SHALE		154	160	12 Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade
		GREY SHALE		160	170	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 0 ft. to 7 ft.
		SANDSTONE FINE + TIGHT		170	179	14 Nearest source of possible contamination: ft. 160 Direction SW Type RAVINE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		GREY SHALE + RED CLAY		179	180	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name REDA Model number 909P13/HP 1/3 Volts 220 Length of drop pipe 168 ft. capacity 9 g.m.p. 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
		BRICK - 36'				16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley TOPD
		CRETACEOUS WELL				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. DEAN WATERHOUSE DRLG 243 Business name License No. Address HANSTON KANSAS Signed Dean Waterhouse Date 6-15-75 Authorized representative
		2245 36 2209				(use a second sheet if needed)

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5