

HANSTON NW

KS

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

C DD

1. Location of well:		County Hodgeman	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 8	Township number T 22 S	Range number R 21 E/W
2. Distance and direction from nearest town or city: 3E, 1N, 1/2E Street address of well location if in city: of Hanston,			3. Owner of well: Norbert Burkhart R.R. or street: City, state, zip code: Hanston, Ks. 67849			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>77</u> ft. <u>8-8-77</u>	
					7. <input checked="" 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	
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
				9. Casing: Material <u>pipe</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>37</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <u>0.500</u>		
Topsoil		0	4	10. Screens: Manufacturer's name <u>Peerless</u> <u>Plastics Pipe Inc.</u> Type <u>RMP</u> Dia. <u>16</u> <u>Slo</u> gauze <u>(1/16)</u> Length <u>40</u> ft Set between <u>37</u> ft. and <u>77</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4 - 1/2</u>		
Clay		4	35	11. Static water level: _____ mo./day/yr. <u>39 1/2</u> ft. below land surface Date <u>7-20-77</u>		
Sand		35	51	12. Pumping level below land surfaces: <u>55</u> ft. after <u>2</u> hrs. pumping <u>500</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>600</u> g.p.m.		
Clay		51	52	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Sand		52	59	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade		
Clay		59	64	15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.		
Sand		64	71	16. Nearest source of possible contamination: ft. <u>1200</u> Direction <u>NW</u> Type <u>Creek</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Clay		71	77	17. Pump: _____ Not installed Manufacturer's name <u>Peerless</u> Model number _____ HP <u>30</u> Volts _____ Length of drop pipe <u>70</u> ft. capacity <u>500</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Brock 71 39.5 31.5 sat thick in Alluvium				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. Knoefler Bros. Drlg. Business name <u>etmore, Kansas</u> License No. <u>130</u> Address _____ Signed <u>Dale Knoefler</u> Date <u>8-30-77</u> Authorized representative		
18. Elevation:		19. Remarks: Concrete slab was installed. 2138 31 2067		20. Water well contractor's certification: (continued)		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		TOPO				

22 210 8 SECE SW 1/4 1/4 1/4 77

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

Form WWC-5