HANSTON SE

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

EWY City #2

ACO

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

22W

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Hodgman	SW 1/4 SW 1/4 NE 1/4	22	T 22 S	R ~~12 W~~ E (W)

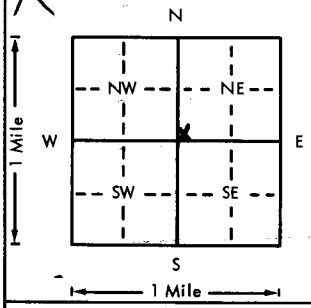
X Distance and direction from nearest town or city: 5 West Hanston

Street address of well location if in city:

3. Owner of well: B&N Drilling CO
R.R. or street:
City, state, zip code: Independence Kansas

X Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 8 in. Completion date 9-1-77
Well depth 105 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material: Steel Height Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC ___ Weight 28.3 lbs./ft.
Dia. 5 in. to 105 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
clay	0	75
Sand	75	85
Gravel	85	105
BROCK 105'		
45 / 60' sat thick		
in Alluvium		

(Use a second sheet if needed)

10. Screen: Manufacturer's name self made
Type Wire Dia. 5
Slot/gauze 8 Length 20
Set between 85 ft. and 105 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
45 ft. below land surface Date 9-1-77

12. Pumping level below land surfaces:
65 ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 12 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:

TOPO

2195
105
2090

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.
Business name Myers Water Well License No. 143
Address St Bend Ks
Signed A Myers Authorized representative Date 9-1-77

T 22 R 21 E (W) Sec 22 SWSWNE 1/4 1/4 1/4

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

Form WWC-5

MI-1023