

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

Hanston NW  
KS

WATER WELL RECORD  
KSA 82a-1201-1215

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

DDD

1. Location of well: County <u>Hodgeman</u>		Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>		Section number <u>9</u>	Township number <u>T 22 S</u>	Range number <u>R 22 E/W</u>
2. Distance and direction from nearest town or city: <u>from Hanston, Ks 1 1/2 mi - 1 W</u> Street address of well location if in city:				3. Owner of well: <u>Walt Salsman</u> R.R. or street: City, state, zip code: <u>Hanston, Kansas 67849</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>130</u> ft. <u>8-18-79</u>		
				7. <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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
top soil		0	3	9. Casing: Material <u>PVC</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5 1/2</u> in. To <u>130</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <u>.258</u>		
brown clay		3	16	10. Screen: Manufacturer's name <u>certain feed</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>110</u> ft. and <u>130</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8-1/2</u>		
sandy clay		16	18	11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>8-18-79</u>		
dry sand gravel clay mixed		18	28	12. Pumping level below land surfaces: <u>60</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
fire clay		28	110	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>8-18-79</u>		
sand rock		110	130	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade		
shale		130		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
BROCK 28' 21"				16. Nearest source of possible contamination: ft. <u>30</u> Direction <u>SW</u> Type <u>corral</u> Well disinfected upon completion? <u>ATM</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
RETACEOUS WELL				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
(Use a second sheet if needed)				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. <u>Rosencrantz-Bemis 134</u> Business name _____ License No. _____ Address <u>Box 713 Great Bend, Ks.</u> Signed <u>Freddie Dodson</u> Date <u>9/5/79</u> Authorized representative		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>2190</u> <u>28</u> <u>2162</u> <u>TOPO</u>					

T 22 S  
R 22 E  
Sec 9  
SE 1/4 SE 1/4 SE 1/4

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

Form WWC-5