

HANSTON NW

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

CBC

1. Location of well:		County <b>HODGEMAN</b>	Fraction <b>SW 1/4 NW 1/4 SW 1/4</b>	Section number <b>12</b>	Township number <b>T 22</b>	Range number <b>S R 22</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: <b>1 MI. NORTH FROM HANSTON EAST</b> Street address of well location if in city:				3. Owner of well: <b>TOMY ALLEN</b> R.R. or street: <b>R.R. 1</b> City, state, zip code: <b>JETMORE, KANSAS</b>			
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile				6. Bore hole dia. <b>8</b> in. Completion date <b>22</b> Well depth <b>90</b> ft. <b>DEC. 1978</b>			
5. Type and color of material				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			
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200#</b>			
				10. Screen: Manufacturer's name <b>JET STREAM</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>70</b> ft. and <b>90</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>#1</b>			
				11. Static water level: _____ mo./day/yr. <b>52.5</b> ft. below land surface Date <b>12/14/78</b>			
				12. Pumping level below land surfaces: <b>55</b> ft. after <b>5 1/2</b> hrs. pumping <b>45</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>200-300 ??</b> g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>18</b> ft.			
				16. Nearest source of possible contamination: <b>SETTLING</b> ft. <b>240</b> Direction <b>SOUTH</b> Type <b>PIT</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: _____ Not installed Manufacturer's name <b>REDA</b> Model number <b>10D18P101</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>84</b> ft. capacity <b>18</b> g.p.m. 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			
18. Elevation:				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. <b>DEAN WATERHOUSE DRILLING 243</b> Business name License No. Address <b>HANSTON, KANSAS</b> Signed <b>Dean Waterhouse</b> Date <b>1/17/79</b> Authorized representative			
19. Remarks: <b>MR. ALLEN WILL POUR SLAB AROUND WELL AFTER PIPES ARE LAID AND GROUND IS SETTLED AROUND WELL. HE KNOWS THIS IS REGULATION. Signed: Tomy Allen 2170 87 2083</b> <b>TOPO</b>							

T 22 R 22 S 22 W 12 Sec 1/4 1/4 1/4 1/4  
 Suburban

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

Form WWC-5