

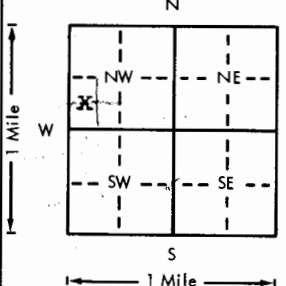
HANSTON NW  
KS

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

BC

1. Location of well:		County <b>Hodgeman</b>	Fraction <b>CW<sup>1</sup>/<sub>2</sub> 1/4 SW 1/4 NW 1/4</b>	Section number <b>12</b>	Township number T <b>22</b> S R	Range number <b>22</b> E <b>W</b>
2. Distance and direction from nearest town or city: <b>1/2-E 1/2-N of Hanston, Ks. East side of rd.</b> Street address of well location if in city:			3. Owner of well: <b>Chet Berger</b> R.R. or street: <b>none</b> City, state, zip code: <b>Hanston, Kansas 67849</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>29</b> in. Completion date _____ Well depth <b>85</b> ft. <b>6-27-78</b>			
5. Type and color of material			From	To	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	
Top soil			0	2	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	
Clay and gravel			2	36	9. Casing: Material <b>steel</b> Height: Above or <del>XXX</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>7</b>	
Sand and gravel			36	78	10. Screen: Manufacturer's name <b>Doerrs</b> Type <b>steel</b> Dia. <b>16</b> Slot <del>xxx</del> <b>3/16</b> Length <b>20 24</b> Set between <del>88 86</del> ft. and <b>85</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 3/4 3/8</b>	
Sand and gravel some yellow clay mixed			78	84	11. Static water level: _____ mo./day/yr. <b>36</b> ft. below land surface Date <b>6-22-78</b>	
White clay and sand rock			<b>(84)</b>	86	12. Pumping level below land surfaces: <b>na</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
<b>BROCK 84' R.P.</b>					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>6-22-78</b>	
<b>36</b>					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
<b>78' sat fluck</b>					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
<b>17 Alluvium</b>					16. Nearest source of possible contamination: ft. <b>150</b> Direction <b>west</b> Type <b>old well</b> Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No	
					17. Pump: Not installed Manufacturer's name <b>W.L.R.</b> Model number <b>2-12BHC</b> HP <b>40</b> Volts _____ Length of drop pipe <b>80</b> ft. capacity <b>1000</b> 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	
(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. <b>Rosencranz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas</b> <b>67530</b> Signed <b>Sandy Kilgus</b> date <b>8-7-78</b> Authorized Representative	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>2175</b> <b>84</b> <b>2091</b> <b>TOPD</b>				

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

Form WWC-5