

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

Hanston  
KS

CDD

1. Location of well:		County Hodgeman	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 26	Township number T 23 S	Range number R 22 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
2. Distance and direction from nearest town or city: 7 S, 1/2 E Street address of well location if in city: of Hanston			3. Owner of well: Roy Stanbaugh R.R. or street: City, state, zip code: Hanston, Kansas 67849			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 8 in. Completion date _____ Well depth 65 ft. 4-8-77	
					7. Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug 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: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material <u>plts</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia <u>5</u> in. to <u>45</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>250</u>	
Topsoil			0	2	10. Screen: Manufacturer's name <u>Sunflower</u> <u>Plastice Pipe Inc.</u> Type <u>RMP</u> Dia. <u>5 in</u> Slot gauge <u>1/16</u> Length <u>20</u> Set between <u>45</u> ft. and <u>65</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4 to 1/8</u>	
Clay			2	20	11. Static water level: _____ mo./day/yr. <u>23</u> ft. below land surface Date <u>4-5-77</u>	
Sand			20	42	12. Pumping level below land surfaces: <u>26</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.	
Clay			42	50	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Sand			50	63	14. Well head completion: _____ <u>18</u> Pitless adapter <u>18</u> inches above grade	
Shale			63	65	15. Well grouted? <u>Yes</u> With: Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From <u>0</u> ft. to <u>12</u> ft.	
BIRock 63'					16. Nearest source of possible contamination: ft. <u>800</u> Direction <u>NE</u> Type <u>Irrg Well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 40' sat thick					17. Pump: _____ Not installed Manufacturer's name <u>Windmill</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>42</u> ft. capacity <u>5</u> 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 checked="" type="checkbox"/> Other	
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. <u>Knoefler Bros. Drilling</u> Business name <u>Jetmore, Kansas</u> License No. <u>130</u> Address _____ Signed <u>Dale Knoefler</u> Date <u>4-18-</u> Authorized representative	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		2212' 63 249 Concrete slab was installed TDPD				

23  
22  
22  
26  
SE  
SE  
SW  
1/4  
1/4  
1/4

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

Form WWC-5