

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

1. Location of well: County <b>Jewell</b>		Fraction <b>NE 1/4 SE 1/4 SE 1/4</b>		Section number <b>4</b>		Township number <b>T 4 S R 8 E 10</b>		Range number																			
2. Distance and direction from nearest town or city: <b>3 3/4 S of Mankato</b>				3. Owner of well: <b>Robert Ost</b> R.R. or street: <b>Mankato KS</b> City, state, zip code: <b>Mankato KS</b>																							
4. Locate with "X" in section below: Sketch map: <b>field (well) creek 50'</b>				6. Bore hole dia. <b>8</b> in. Completion date <b>8-23-78</b> Well depth <b>70</b> ft.																							
				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 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																							
5. Type and color of material				9. Casing: Material <b>prc</b> Height: <b>9</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>20</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1265</b>																							
				10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>stated prc</b> Dia. <b>5"</b> Slot/gauze <b>0030</b> Length <b>20'</b> Set between <b>40</b> ft. and <b>60</b> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>fine - 3/4"</b>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil &amp; silty clay</td> <td>0</td> <td>25</td> </tr> <tr> <td>Broken rocks &amp; clay</td> <td>25</td> <td>53</td> </tr> <tr> <td>Clay blue</td> <td>53</td> <td>55</td> </tr> <tr> <td>broken rock w/ some clay</td> <td>55</td> <td>60</td> </tr> <tr> <td>Shale</td> <td>60</td> <td>70</td> </tr> </tbody> </table>					From	To	Top soil & silty clay	0	25	Broken rocks & clay	25	53	Clay blue	53	55	broken rock w/ some clay	55	60	Shale	60	70	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>27</b> ft. below land surface Date <b>9-23-78</b>					
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				12. Pumping level below land surfaces: <b>unknown air developer</b> ____ ft. after <b>1</b> hrs. pumping <b>12</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>20+</b> g.p.m.																							
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____																							
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>14</b> inches above grade																							
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>13</b> ft.																							
				16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>E</b> Type <b>crop</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
				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																							
18. Elevation:				(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>MARUHN Well Drilling 165</b> Business name _____ License No. _____ Address <b>Red Cloud Ne</b> Signed <b>Leroy Maruhn</b> Date <b>9-17-78</b> Authorized representative																					
19. Remarks:		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley																									