

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

DDID

1. Location of well:		County <b>SHERIDAN</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>3</b>	Township number <b>T 8 S R 30 E/W</b>	Range number <b>30</b>
2. Distance and direction from nearest town or city: <b>14 N 1/2 W</b>			3. Owner of well: <b>FRANCIS BECKMAN</b>			
Street address of well location if in city: <b>GRINNELL</b>			R.R. or street: City, state, zip code: <b>MENLO Ks.</b>			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>9</b> in. Completion date <b>9-12-76</b> Well depth <b>267</b> ft.	
					7. <input checked="" 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	
5. Type and color of material					9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>4 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>267</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>	
		From	To	10. Screen: Manufacturer's name <b>DEER LOWELL</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/32</b> Length <b>8'</b> Set between <b>257</b> ft. and <b>265</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4</b>		
<b>Top soil</b>		<b>0</b>	<b>33</b>	11. Static water level: _____ mo./day/yr. <b>150</b> ft. below land surface Date <b>9-12-76</b>		
<b>sandy clay</b>		<b>33</b>	<b>68</b>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30+</b> g.p.m.		
<b>gravel</b>		<b>68</b>	<b>80</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>sandy clay &amp; S.S.</b>		<b>80</b>	<b>94</b>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
<b>gravel</b>		<b>94</b>	<b>160</b>	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
<b>sandy clay</b>		<b>160</b>	<b>168</b>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type <b>N/A</b> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No		
<b>gravel</b>		<b>168</b>	<b>172</b>	17. Pump: _____ Not installed Manufacturer's name <b>REJA</b> Model number <b>1209</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>210</b> ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other		
<b>sandy clay</b>		<b>172</b>	<b>193</b>			
<b>fine sand &amp; sandy clay</b>		<b>193</b>	<b>204</b>			
<b>sandy clay</b>		<b>204</b>	<b>209</b>			
<b>fine sand &amp; sandy clay</b>		<b>209</b>	<b>244</b>			
<b>fine sand</b>		<b>244</b>	<b>250</b>			
<b>gravel</b>		<b>250</b>	<b>265</b>			
<b>Other</b>		<b>265</b>	<b>267</b>			
(Use a second sheet if needed)						
18. Elevation:		19. Remarks: <b>BROOK 265'</b>			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>STRUCKHOFF SON 298</b> Business name License No. Address <b>GRINNELL Ks</b> Signed <i>[Signature]</i> Date <b>11-9-76</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5