

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

CCD

1. Location of well:		County: <u>Shedden</u>	Fraction: <u>SE 1/4 SW 1/4 SW 1/4</u>	Section number: <u>27</u>	Township number: T <u>9</u> S	Range number: R <u>29</u> E/W
2. Distance and direction from nearest town or city: <u>8N - 3E</u>			3. Owner of well: <u>Robert MANHARDT</u>			
Street address of well location if in city: <u>GRINNELL Ks.</u>			R.R. or street: <u>Grainfield, Ks.</u>			
City, state, zip code:						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <u>2-21-96</u> Well depth <u>182</u> ft.		
				7. 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>182</u> ft. depth Well Thickness: inches or Dia. <u>11</u> in. to <u>11</u> ft. depth gage No. <u>100</u>		
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Joe Howell</u>		
<u>Top soil</u>		<u>0</u>	<u>34</u>	Type _____ Dia. <u>5-11</u>		
<u>Sandy clay</u>		<u>34</u>	<u>43</u>	Slot/gauze <u>1/32</u> Length <u>8'</u>		
<u>4M Gravel & Gravel</u>		<u>43</u>	<u>64</u>	Set between <u>174</u> ft. and <u>182</u> ft.		
<u>Sandy clay & sand stone</u>		<u>64</u>	<u>79</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1-1/8-1/4</u>		
<u>4M Gravel & Gravel</u>		<u>79</u>	<u>100</u>	11. Static water level: _____ mo./day/yr. <u>100</u> ft. below land surface Date <u>2-21-96</u>		
<u>sand stone</u>		<u>100</u>	<u>102</u>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after <u>1 1/2</u> hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
<u>4M Gravel & Gravel</u>		<u>102</u>	<u>105</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
<u>sandy clay</u>		<u>105</u>	<u>117</u>	14. Well head completion: _____ Pitless adapter _____ inches above grade		
<u>sandy clay & sand stone</u>		<u>117</u>	<u>129</u>	15. Well grouted? <input checked="" type="checkbox"/> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
<u>Fine sand & sandy clay</u>		<u>129</u>	<u>148</u>	16. Nearest source of possible contamination: <u>ALOAK</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Fine sand</u>		<u>148</u>	<u>155</u>	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 <u>office</u> Other _____		
<u>Other</u>		<u>180</u>	<u>182</u>	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>Stanley Howell</u> <u>298</u> Business name _____ License No. _____ Address <u>Grinnell Ks.</u> Signed <u>[Signature]</u> Date <u>2-26-96</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>BROCK 180'</u>				

T-9 29 E 27 SE SW SW

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

Form WWC-5