

48

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Well no 2

1 Location of well:	County Riley	Township name Ogden	Fraction SW 1/4	Section number 28	Town number T10S	Range number R7E	
Distance and direction from nearest town or city: 3 miles W				3 Owner of well: Lester Hoy SR Address: RT 1, Lester, Adams, Kansas			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: _____ ft. Date of completion July 28 1975 Well diameter 9 in.			
2 Type and color of material		From		To		5 <input checked="" type="checkbox"/> Cable tool <input 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 8		6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
GRAY JOINT CLAY		8		16		7 Casing: Material Steel Height: above below 12" Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/2 in. Diam. _____ Weight 27 lbs./ft. _____ 2 in. to 21 ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
BLUE CLAY		16		40		8 Screen: Manufacturer Home Prod. Type Slit Dia. 1 1/2" Slot/gauze 260 Length 5' Set between 71 ft. and 66 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8" to 1/2"	
SAND + GRAVEL		41		71		9 Static water level: 27 ft. below land surface Date July 28-75	
BED ROCK		71				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.	
						14 Nearest source of possible contamination: ft. 211 Direction EAST Type LATERAL Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
16 Remarks: elevation 1037 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						17 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. Strades Drilling Co License No. 2370 Business name Blue Rock Address _____ Signed Frank Strades Date 7/28/75 Authorized representative	

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5