

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

change elev.
SE SW NE ACD

1 Location of well:	County <u>WABAUNSEE</u>	Township name <u>MAPLE HILL</u>	Fraction <u>TRCT. in 5 1/2</u>	Section number <u>15</u>	Town number <u>11</u>	Range number <u>13 E</u>
Distance and direction from nearest town or city: <u>1/2 W. WILLARD KS.</u>			3 Owner of well: <u>STEVE CARVER</u> Address: <u>EMMETT, KANSAS</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>100</u> ft. Date of completion <u>8-27-78</u> Well diameter <u>8</u> in.		
				5 <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		
2		Type and color of material		From	To	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"/>
		<u>Top Soil</u>		<u>0</u>	<u>2</u>	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight <u>2.33</u> lbs./ft. <u>5</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
		<u>Brown Clay</u>		<u>2</u>	<u>55</u>	8 Screen: Manufacturer <u>Pump Co</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauge <u>1.025</u> Length <u>10</u> Set between <u>53</u> ft. and <u>63</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>
		<u>COARSE SAND</u>		<u>55</u>	<u>60</u>	9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____
		<u>Blue Shale</u>		<u>60</u>	<u>92</u>	10 Pumping level below land surfaces: <u>AIR TEST</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5</u> g.p.m.
		<u>Grey Limestone</u>		<u>92</u>	<u>100</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> <input checked="" type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>SE</u> Type <u>S. Tank</u> 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 <u>955</u>						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. <u>Stader Delg. Co Inc 182</u> Business name _____ License No. _____ Address <u>PO Box 1 Holton, Kansas</u> Signed <u>Dale Parker</u> Date <u>8-30-78</u> Authorized representative

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

Form WWC-5

BR = 885

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11 13E 15 1/2 NW SE