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

VBK1

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

CAa

WATER WELL RECORD
KSA 82a-1201-1215

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

NE NE SW

LOT 6 OF KAW HALF BREED SURVEY IO JEFFERSON COUNTY

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	JEFFERSON	KAW		~~30~~ 30	11	17 E

Distance and direction from nearest town or city: GRANTVILL IS 1 MILE NORTH

Street address of well location if in city:

3 Owner of well: VIRGIL MC PHERSON

Address: R.R. 3 TOPEKA KANS

Locate with "X" in section below:

N
W X E
S
1 Mile

Sketch map: GRANTVILL

4 Well depth: 36 ft. Date of completion JUNE 28-75
Well diameter 7" in.

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material STEEL Height: above/below
Threaded ☐ Welded ☐ Surface 16" in.
Diam. 5" in. to 36' ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2

Type and color of material	From	To
CLAY SANDY	0	18
FINE SAND	18	27
MEDIUM FINE DIRTY SAND	27	30
MEDIUM FINE SAND	30	36
BLUE CLAY	36	?
SLAB BY OWNER		

(use a second sheet if needed)

8 Screen:
Manufacturer FIELD
Type STAINE Dia. 5"
Slot/gauze 16" Length 5'
Set between 31 ft. and 36 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material ___

9 Static water level:
22 ft. below land surface Date JUNE 28-75

10 Pumping level below land surfaces:
___ ft. after 1 hrs. pumping 7 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 7 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade 16"

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From ___ ft. to ___ ft.

14 Nearest source of possible contamination:
ft. 150' Direction S.E. Type SEPTIC
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☒ Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
868

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ 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.
JUNGMANN BROS DRILLING 119 A
Business name License No.
Address CARBONDALE KANS.
Signed [signature] Date JUL 1 1975
Authorized representative

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

Form WWC-5

BR 832 V = 846

P
P1