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Sent to Leonard
6/20/77USE 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

SE SE SE SE

1 Location of well:	County <u>Jefferson</u>	Township name	Fraction <u>SE 1/4</u>	Section number <u>8</u>	Town number <u>12 S.</u>	Range number <u>20 E.</u>
Distance and direction from nearest town or city: <u>3 Mi. NORTH OF LAWRENCE, KS.</u>			3 Owner of well: <u>K.I. ENDOWMENT ASSOCIATION</u>			
Street address of well location if in city: <u>1 Mi. EAST OF HWY. 59</u>			Address: <u>JEFFERSON COUNTY, KANSAS</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>71'-8"</u> ft. Date of completion <u>10/25/76</u> Well diameter <u>30</u> in.		
				5 <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input checked="" 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"/>		
				7 Casing: Material <u>STEEL</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. Diam. <u>10</u> in. to <u>5 1/8</u> in. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>10</u> in. to <u>5 1/8</u> in. depth		
2 <u>K.I.E.A. WELL #1</u>		Type and color of material		8 Screen: Manufacturer <u>LAYNE & BOWLER</u> Type <u>SHUTTER</u> Dia. <u>10"</u> Slot/gauze <u>1/8"</u> Length <u>20'</u> Set between <u>5 1/8</u> ft. and <u>71</u> ft. <u>8"</u> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8" to 1/2"</u>		
<u>TOPSOIL</u>				9 Static water level: <u>23' 1"</u> ft. below land surface Date <u>10/25/76</u>		
<u>BROWN CLAY W/TR. SILT</u>				10 Pumping level below land surfaces: <u>25' 11"</u> ft. after <u>1</u> hrs. pumping <u>220</u> g.p.m. <u>28' 6"</u> ft. after <u>10</u> hrs. pumping <u>315</u> g.p.m. Estimated maximum yield _____ g.p.m.		
<u>BROWN SILTY CLAY W/TR. SAND</u>				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>10/25/76</u>		
<u>GRAY SILTY CLAY W/TR. SAND</u>				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
<u>GRAY FINE SAND</u>				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>18</u> ft. to <u>20</u> ft.		
<u>GRAY MED. SAND W/TR. COARSE</u>				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>BROWN MED. TO FINE SAND W/TR. COARSE</u>				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		
<u>BROWN V. COARSE SAND W/ GRAVEL</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>LAYNE-NESTERN Co. 149</u> Business name _____ License No. _____ Address <u>1010 W. 39th St. - K.C. Mo.</u> Signed <u>D.S. [Signature]</u> Date <u>5/24/77</u> Authorized representative		
<u>BROWN COARSE GRAVEL W/ BULDERS</u>						
(use a second sheet if needed)						
16 Remarks: elevation <u>APPROX 820'</u>						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5

BR < 753

▽ = 805