

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

12 7E 7 SE M W W
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

| | | | | | | |
|---|------------------------|--|-------------------------------------|---|--------------------------|--|
| 1 Location of well: | County Geary | Township name Wingfield | Fraction NW 1/4 of NW 1/4 | Section number 7 | Town number 12 | Range number 7E |
| Distance and direction from nearest town or city: 10 Miles east of J.C. Mo. | | | | 3 Owner of well: Willis A. Duncan | | |
| Street address of well location if in city: | | | | Address: 3811 DOVER RAPID CITY, S.D. | | |
| Locate with "X" in section below: | | Sketch map: Humboldt Cr. Rd. Fas 1089 ↓ | | 4 Well depth: 56 ft. Date of completion 7-15-75 Well diameter 6 1/2 in. | | |
| | | | | 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 | | |
| | | | | 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"/> Human | | |
| 2 | | Type and color of material | | From | To | 7 Casing: Material PMP Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 56 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth! |
| | | Clay | | 0 | 16 | 8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Slot/gauze 3/32 Length 10' Set between 46 ft. and 56 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ |
| | | hd Gray shale | | 16 | 35 | 9 Static water level: 29 ft. below land surface Date 7-15-75 |
| | | Blue | | 35 | 41 | 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.m. |
| | | Gray | | 41 | 51 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| | | Red | | 51 | 54 | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade NA |
| | | hd | | 54 | 56 | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 1/2 ft. to 17 ft. |
| | | | | | | 14 Nearest source of possible contamination: ft. 200 Direction SE Type Residence Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ NA 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 <input type="checkbox"/> Other |
| 16 Remarks: elevation | | Well on almost flat surface Slopes to south | | 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. Moritz Drilling 120 Business name _____ License No. _____ Address Box 57, Jc Mo Signed F.W. Moritz Date 7-21-75 Authorized representative | | |