

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

CCB

Williams Point SW

1 Location of well:	County <u>Shawnee</u>	Township name <u>Williams Point</u>	Fraction <u>TRACT</u> <u>NE 1/4 SW 1/4</u>	Section number <u>25</u>	Town number <u>135</u>	Range number <u>15E</u>
Distance and direction from nearest town or city: <u>1949 S.W. - 1 1/2 mi</u>			3 Owner of well: <u>Richard Miller</u>			
Street address of well location if in city:			Address: <u>Wakarusa, Kansas</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>95</u> ft. Date of completion <u>8-6-75</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		
				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"/>		
				7 Casing: Material <u>PVC</u> Height: above/ land 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>95</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material				From	To	8 Screen:
<u>Top Soil</u>				<u>0</u>	<u>3</u>	Manufacturer <u>Pumpco</u>
<u>Grey Clay</u>				<u>3</u>	<u>8</u>	Type <u>PVC</u> Dia. _____
<u>Yellow Clay</u>				<u>8</u>	<u>14</u>	Slot/gauge <u>1.080</u> Length <u>22'</u>
<u>Grey Limestone</u>				<u>14</u>	<u>18</u>	Set between <u>53</u> ft. and <u>75</u> ft.
<u>Blue Shale</u>				<u>18</u>	<u>31</u>	Fittings:
<u>Grey shaley Sandstone</u>				<u>31</u>	<u>41</u>	Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4" to 1/2"</u>
<u>Grey Sandstone</u>				<u>41</u>	<u>72</u>	9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____
<u>Grey Shale</u>				<u>72</u>	<u>75</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>4</u> g.p.m.
<u>Grey Limestone</u>				<u>75</u>	<u>93</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>Blue Shale</u>				<u>93</u>	<u>95</u>	12 Well head completion: <u>CAPPED</u> <input checked="" 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 <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>S.</u> Type <u>S. Tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>JACUZZI</u> Model number <u>554B</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>80</u> ft. capacity <u>10</u> g.m.p. Type: <input checked="" 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>963'</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. <u>STRADER Drilling Co Inc</u> Business name License No. <u>182</u> Address <u>RED 1 HOITON, KANSAS</u> Signed <u>Paul Walker</u> Date <u>8-10-75</u> Authorized representative		

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

Form WWC-5

BR = 949

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13 15E 25 SE NE SW