

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

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 Dickinson	Township name 13 S	Fraction NW$\frac{1}{4}$, NE$\frac{1}{4}$	Section number 17	Town number 13 S	Range number 3 E
Distance and direction from nearest town or city: 1500' S. of Detroit, Kansas			3 Owner of well: Address: City of Enterprise Enterprise, Kansas			
Locate with "X" in section below: N		Sketch map:		4 Well depth: 58' ft. Date of completion 7-16-75 Well diameter 40 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 Stl Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 4 in. Diam. _____ Weight 43.22 lbs./ft. _____ 12 in. to 43 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	
Top soil				0	2	
Clay				2	17	
Clay and fine sand				17	21	
Med. to coarse sand & gravel				21	31	
Blue clay				31	33	
Med. to coarse sand & gravel with some rock				33	57 $\frac{1}{2}$	
Red shale				57 $\frac{1}{2}$	59	
(use a second sheet if needed)						
16 Remarks: elevation				8 Screen: Manufacturer Layne Type St. Stl Dia. 12" Slot/gauze .105 Length 15' Set between 42.2 ft. and 52.2 ft. _____ Fittings: Grovel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ODA		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				9 Static water level: 1132 ft. below land surface Date 7-16-75		
				10 Pumping level below land surfaces: 5.0 ft. after 5 hrs. pumping 490 g.p.m. _____ hrs. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2000 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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 7 ft. to 20 ft.		
				14 Nearest source of possible contamination: Sewer ft. 1500 Direction N Type System Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Jacuzzi Model number 10S6M414 Volts 460 Length of drop pipe 42 ft. capacity 190 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		
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. Layne Western Co. 102 Business name License No. Address Wichita, Kansas Signed [Signature] Date 7/24/75 Authorized representative						

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

Form WWC-5