

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
ABA
NE NW NE

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

1 Location of well:	County: Wabaunsee	Township name: Garfield	Fraction: NW 1/4 of NE 1/4	Section number: 12	Town number: 14	Range number: 8
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: DICK CARROLL Address: R#3 Alcedo, Ill. 61321			
Locate with "X" in section below:		Sketch map:		4 Well depth: 68 ft. Date of completion 10-30-75 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		
2		Type and color of material		From	To	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
		Soil		0	4	7 Casing: Material PMP Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. Diam. _____ Weight _____ lbs./ft. _____ 3 in. to 6 1/2 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
		Red Shale		4	14	8 Screen: Manufacturer Suntlower Type RMP Dia. 6" Slot/gauze 5 Length 13' Set between 52 ft. and 68 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2
		Lime		14	25	9 Static water level: 44 ft. below land surface Date 10-30-75
		Shale, some soft		25	55	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 6 g.p.m.
		Lime		55	61	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		Hd. Shale		61	67	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade NA
						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 ft. to 14 ft.
						14 Nearest source of possible contamination: ft. None Direction In Pasture Type _____ 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.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
16 Remarks: elevation		17 Water well contractor's certification:				
<p>The well is on flat terrain with slight slope to east & west</p> <p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p>Wm. Moritz Drilling 120 Business name _____ License No. _____ Address R#3 Box 59, Jc. Mo. Signed Wm. Moritz Date 11-4-75 Authorized representative</p>				

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

Form WWC-5

BR = 1466

▽ = 1426