

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

1 Location of well:	County Miami	Township name 16S	Fraction SW SW SE	Section number 25	Town number 16S	Range number 24E
Distance and direction from nearest town or city: 2 mi. W. of Louisburg, Ks.			3 Owner of well: Robt. L. Willard 10132 England Overland Park, Ks. 66212			
Street address of well location if in city:			Address:			
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ 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 type="checkbox"/> Reverse rotary	
					6 Use: <input 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 _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
2	Type and color of material	From	To	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
	Surface	0	2	9 Static water level: _____ ft. below land surface Date _____		
	Broken rock	2	4	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
	Rocky clay	6	18	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
	Lime	18	68	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
	Shale	68	76	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
	Lime	76	86	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Shale	86	92	15 Pump: <input 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		
	Sandy shale	92	105	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. F. E. Young 240 Business name _____ License No. _____ Address 6355 Robinhood Ln. Merriam, KS Signed _____ Date 5-30-75 Authorized representative		
	Shale	105	111			
	Lime	111	138			
	Shale	138	142			
	Lime	142	149			
	Shale	149	163			
	Lime	163	180			
	Shale	180	208			
	Lime	208	210			
	Dark shale	210	212			
	shale	212	224			
	Lime					
16 Remarks: elevation 1065 Dry hole--plugged						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Test...

F. E. Young
6355 Robinhood Ln. Merriam, KS
Date 5-30-75
Authorized representative