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

NE¼ NE¼

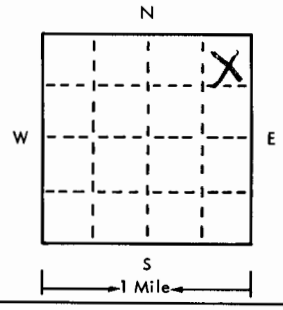
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	MORRIS	#TWO	¼ A.	7	16 SOUTH	R8E

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: W V CROOKS
Address: 804 LARAMIE
MANHATTAN KANSAS

Locate with "X" in section below:



Sketch map:

not over to acre a tract on Council Grove City lake

4 Well depth: 60 ft. Date of completion SEPT 9-74
Well diameter 9 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [ ] HUMAN

7 Casing: Material STYRENE Height: above/below
Threaded [ ] Welded [ ] Surface 12 in.
Diam. 5 Weight ___ lbs./ft.
___ in. to 30 ft. depth Drive shoe? [ ] Yes [X] No
___ in. to ___ ft. depth

2

Type and color of material	From	To
limestone rock	0	30
shale blue	30	35
shale ~~blue~~ red	35	40
shale red	40	45
shale red	45	50
shale blue	50	55
shale blue	55	60

(use a second sheet if needed)

8 Screen:
Manufacturer JESS & LOWELL
Type 200 Dia. 5 inch
Slot/gauze SAW BLADE Length 30 ft.
Set between 30 ft. and 60 ft.
Fittings:
Gravel pack [ ] Yes [X] No Size range of material ___

9 Static water level:
20 ft. below land surface Date Sept 9-74

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.

11 Water sample submitted:
[ ] Yes [X] No Date ___

12 Well head completion:
[ ] Pitless adapter [X] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [ ] Bentonite [ ] Cement
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[X] Slope north
[ ] Upland
[ ] 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.
W H KRAUSE 156
Business name License No.
Address 135 BELFRY ST COUNCIL GROVE KS
Signed R Hoffman Date 9-12-74
Authorized representative

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

Farm WWC-5

877-H