

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

T R EW sec 1/4 1/4 1/4 No.

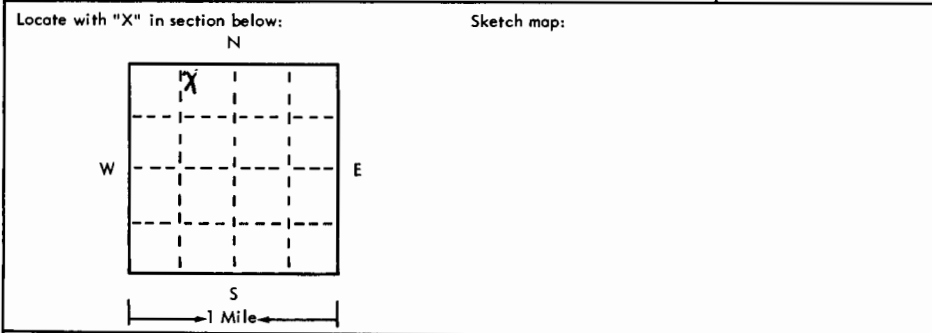
WATER WELL RECORD
KSA 82a-1201-1215

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

on your book 69-3

1 Location of well: County **MORRIS** Township name **NW NE 1/4 NW 1/4** Section number **7** Town number **16** Range number **8E**

Distance and direction from nearest town or city: **3 W IN back E 1/2 mi** 3 Owner of well: **HANSEL JOHNSON**
Street address of well location if in city: **N To F6** Address: **GABIN F6 COUNCIL GROVE CITY LAKE**



4 Well depth: **125** ft. Date of completion: **MAY 24 1975**
Well diameter **5** in.

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

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material **STEEL** Height: above/below
Threaded Welded Surface **12** in.
Diam. **5"** Weight **200** lbs. *per ft*
— in. to — ft. depth Drive shoe? Yes No
— in. to — ft. depth

2	Type and color of material	From	To
	BLACK DIRT & GRAVEL	0	4
	YELLOW ROCK	4	18
	RED CLAY	18	24
	RED SHALE	24	30
	GRAY LIME ROCK	30	35
	BLUESHALE	35	40
	BLUE SHALE	40	45
	LIME ROCK	45	51
	LIME ROCK	51	55
	BLUESHALE	55	60
	BLUE SHALE	60	65
	RED SHALE	65	70
	RED SHALE	70	75
	GRAY LIME	75	80
	GRAY LIME	80	85
	(use a second sheet if needed)		

8 Screen: Manufacturer **JESS & LOWELL**
Type **200** Dia. **5"**
Slot/gauze **SAND BLADE** Length _____
Set between **25** ft. and **40** ft. _____
Fittings: Gravel pack Yes No Size range of material _____

9 Static water level: **20** ft. below land surface Date **5-24-1975**

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 No Date **X**

12 Well head completion:
 Pitless adapter **12** inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite CEMENT
Depth: From **0** ft. to **15** ft.

14 Nearest source of possible contamination:
ft. _____ Direction **North** Type **Cabin**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name **PUMPO**
Model number _____ HP **1/2** Volts **220**
Length of drop pipe **114** ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 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.
L.H. KRAUSE SHIP 156A
Business name License No.
Address **13 SOUTH BELFRY ST.**
Signed **L.H. Krause** Date **6-9-75**
Authorized representative

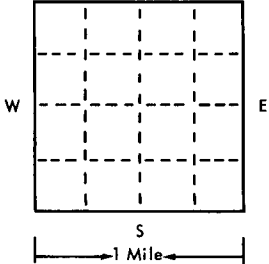
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2nd sheet

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Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number	
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: 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.	
2 Type and color of material			From	To	5 <input type="checkbox"/> Coble 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"/> _____		
			GRAY LIME	85	90	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	
			BLUE SHALE	90	95	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 _____	
			BLUE SHALE	95	100	9 Static water level: _____ ft. below land surface Date _____	
			BLUE SHALE	100	105	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.	
			WHITE LIME ROCK	105	110	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
			WHITE LIME ROCK	110	115	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			WHITE LIME ROCK	115	120	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.	
			BLUE SHALE	120	125	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					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		
16 Remarks: elevation				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>L.H. KAUFER SHIP 156A</u> Business name _____ License No. _____ Address <u>13 SOUTH BEECHER ST</u> Signed <u>[Signature]</u> Date <u>6-9-915</u> Authorized representative			

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

Form WWC-5