

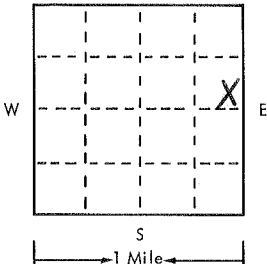
7-2-74 030

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 <i>LYONS</i> | Township name | Fraction <i>SE SE NE</i> | Section number <i>7</i> | Town number <i>17S</i> | Range number <i>11E</i> | | |
| Distance and direction from nearest town or city: Street address of well location if in city: | | | 3 Owner of well: <i>Gall Smith</i> Address: <i>Route American St S OR Emporia</i> | | | | | |
| Locate with "X" in section below: N  W X E S 1 Mile | | | Sketch map: | | | 4 Well depth: <i>57</i> ft. Date of completion <i>8-21-74</i> Well diameter <i>9</i> in. | | |
| 2 Type and color of material | | | From | | To | | | |
| | | | <i>Test well was Had well But Dry</i> | | | | | |
| | | | <i>Shale, Blue</i> | | | | | |
| | | | <i>Dry Hole</i> | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| (use a second sheet if needed) | | | 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 | | | | | |
| | | | 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 checked="" type="checkbox"/> Test well <input type="checkbox"/> <i>Dry Well</i> | | | | | |
| | | | 7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. <i>NA</i> Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth | | | | | |
| | | | 8 Screen: Manufacturer _____ <i>NA</i> _____ 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 _____ | | | | | |
| | | | 9 Static water level: _____ ft. below land surface <i>NA Dry</i> Date _____ | | | | | |
| | | | 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <i>NA</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. | | | | | |
| | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | | | | |
| | | | 12 Well head completion: _____ <i>NA</i> _____ <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | | | | |
| | | | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Plugged by</i> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <i>Resin</i> Depth: From _____ ft. to _____ ft. <i>cuttings</i> | | | | | |
| | | | 14 Nearest source of possible contamination: ft. _____ Direction _____ <i>NA</i> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.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 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <i>to SE</i> <input type="checkbox"/> Upland <input type="checkbox"/> 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. <i>Billy D. Davis</i> <i>156</i> Business name _____ License No. _____ Address <i>13 South Billy D. Davis</i> Signed _____ Date _____ Authorized representative | | | | | |