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

WATER WELL RECORD  
KSA 82a-1201-1215

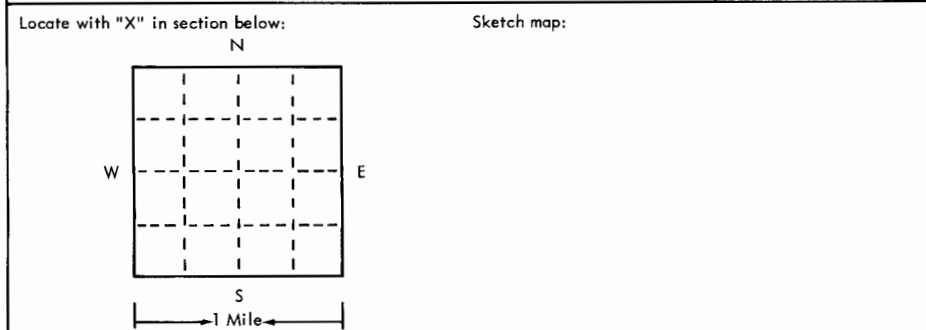
T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County <b>Miami</b>	Township name	Fraction <b>NE/4</b>	Section number <b>4</b>	Town number <b>17S</b>	Range number <b>23E</b>
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Distance and direction from nearest town or city:  
Street address of well location if in city:

3 Owner of well: **Joe Nowacheck**  
Address: **9200 W. 97th  
Kansas City, Kansas**



4 Well depth: **120'** ft. Date of completion: **11-29-74**  
Well diameter \_\_\_\_\_ 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 **20** in.  
Diam. \_\_\_\_\_ Weight **19** lbs./ft. \_\_\_\_\_  
**6** in. to **40** ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2	Type and color of material	From	To
	Clay	0	10
	Sandstone	10	12
	Shale	12	30
5	Kime	30	35
2	Shale	35	37
1	Black slate	37	38
2	Shale	38	40
3	Lime <i>Wichita</i>	40	43
17	Shale	43	60
15	Lime <i>Shale</i>	60	75
20	Shale <i>Fontaine</i>	75	95
19	Lime <i>Wichita</i>	95	114
1	Shale	114	115
3	Lime	115	118
1	Shale	118	119
1	Black slate (use second sheet if needed)	119	120

8 Screen:  
Manufacturer **none**  
Type \_\_\_\_\_ Dia. \_\_\_\_\_  
Slot/gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft. \_\_\_\_\_  
Fittings:  
Gravel pack  Yes  No Size range of material \_\_\_\_\_

9 Static water level:  
**35** ft. below land surface Date **11-30-74**

10 Pumping level below land surfaces:  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield **10** g.p.hour

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion: **No**  
 Pitless adapter  Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

14 Nearest source of possible contamination:  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion?  Yes  No

15 Pump:  Not installed  
Manufacturer's name \_\_\_\_\_  
Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
Length of drop pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ g.m.p.  
Type:  
 Submersible  Turbine  
 Jet  Reciprocating  
 Centrifugal  Other

16 Remarks: elevation **Well was determined dry and was abandoned- the upper portion of the well was used to support a power pole which was installed.**

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.  
**Cullum & Brown, Inc.**  
Business name \_\_\_\_\_ License No. \_\_\_\_\_  
Address **1240 Burlington**  
Signed **Steve M. Theiment** Date **2-7-75**  
Authorized representative

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

Form WWC-5