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	Township name	Fraction	Section number	Town number	Range number
	Lyon		SW NE NW	7	18S	10E

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Marge Finney

Address: Americus, Kansas

Locate with "X" in section below: Sketch map:

N, W, E, S — 1 Mile

4 Well depth: 30 ft. Date of completion 8-20-74
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 [ ] Farm & Stock

7 Casing: Material ____ Height: above/below
Threaded [ ] Welded [ ] Surface 12 in.
Diam. Weight ____ lbs./ft.
6 in. to 30 ft. depth Steel Drive shoe? [ ] Yes [X] No
6 in. to 16 ft. depth

2

Type and color of material	From	To
Clay	0	18
Gravel	18	28
shale, blue	28	30

(use a second sheet if needed)

8 Screen:
Manufacturer Steel
Type Steel Dia. 6
Slot/gauze 1/16 in Length 10 ft
Set between 18 ft. and 28 ft.
Fittings:
Gravel pack [ ] Yes [X] No Size range of material ____

9 Static water level:
15 ft. below land surface Date 8-20-74

10 Pumping level below land surfaces: NA
____ 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 [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[ ] Neat cement [ ] Bentonite [ ] concrete
Depth: From 0 ft. to 18 ft.

14 Nearest source of possible contamination: River
100 ft. Direction E Type ____
Well disinfected upon completion? [ ] Yes [X] 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 West of river Nearby River,

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[X] 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.
[signature] 156
Business name License No.
Address 13 South Belfry St
Signed [signature] Date Dec 9-74
Authorized representative

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

Form WWC-5