

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|
| 1. Location of well: County <u>Marion</u> | | Fraction <u>SW 1/4 SW 1/4 NW 1/4</u> | | Section number <u>9</u> | | Township number <u>T 19 S R 5 E</u> | | Range number <u>5 E</u> | |
| 2. Distance and direction from nearest town or city: <u>1 1/2 South of Antelope</u> Street address of well location if in city: | | | | 3. Owner of well: <u>Melvin Jewett</u> R.R. or street: <u>RR</u> City, state, zip code: <u>Marion Kan</u> | | | | | |
| 4. Locate with "X" in section below: | | | | Sketch map: | | | | 6. Bore hole dia. <u>6 1/2</u> in. Completion date <u>2-1-77</u> Well depth <u>90</u> ft. | |
| | | | | | | 7. <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 | | | |
| 5. Type and color of material | | | | From | | To | | 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | |
| Topsail | | | | 0 | | 3 | | 9. Casing: Material <u>PIES</u> Height <u>Above</u> or below | |
| Broken lime & shale - <u>Yel</u> | | | | 3 | | 7 | | Threaded <input type="checkbox"/> Welded <u>glw</u> Surface <u>16</u> in. | |
| LIME - <u>Gray</u> | | | | 7 | | 13 | | RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. | |
| Shale - <u>Yel</u> | | | | 13 | | 22 | | Dia. <u>5</u> in. to <u>54</u> ft. depth Wall thickness: inches or | |
| LIME - <u>Yel</u> | | | | 22 | | 27 | | Dia. _____ in. to _____ ft. depth gauge No. <u>200</u> | |
| Shale - <u>Yel</u> | | | | 27 | | 41 | | 10. Screen: Manufacturer's name <u>Sunflower</u> | |
| LIME - <u>Yel</u> | | | | 41 | | 43 | | Type <u>RMP</u> Dio. <u>5"</u> | |
| Shale - <u>Green</u> | | | | 43 | | 45 | | Slot/gauge <u>YB</u> Length <u>36'</u> | |
| Red Rock - <u>Red</u> | | | | 45 | | 50 | | Set between <u>54</u> ft. and <u>90</u> ft. | |
| Shale - <u>Gray</u> | | | | 50 | | 54 | | ft. and _____ ft. | |
| Crevice Full of lite gray shale (soup) H ₂ O | | | | 54 | | 64 | | Grovel pack? <u>N/A</u> Size range of material _____ | |
| LIME - <u>Gray</u> | | | | 64 | | 72 | | 11. Static water level: _____ mo./day/yr. <u>48</u> ft. below land surface Date <u>2-1-77</u> | |
| Shale - <u>Gray</u> | | | | 72 | | 77 | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>35</u> g.p.m. | |
| LIME - <u>Gray</u> | | | | 77 | | 80 | | 13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____ | |
| Shale - <u>Gray</u> | | | | 80 | | 87 | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>16</u> inches above grade | |
| LIME - <u>Gray</u> | | | | 83 | | 86 | | 15. Well grouted? <u>Yes</u> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft. | |
| Shale - <u>Lite Blu</u> | | | | 86 | | 89 | | 16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>SE</u> Type <u>BARNYARD</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| LIME - <u>Gray</u> | | | | 89 | | 90 | | 17. Pump: _____ Not installed Manufacturer's name <u>Gould</u> Model number <u>2SEL</u> HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>87</u> ft. capacity <u>34</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other | |
| (Use a second sheet if needed) | | | | | | | | | |
| 18. Elevation: | | 19. Remarks: <u>Concrete slab installed 3'</u> <u>below ground surface by</u> <u>Lic. # 218</u> | | | | 20. 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>Zinn Water Well Drilling 218</u> Business name _____ License No. _____ Address <u>Last Springs, Kan</u> Signed <u>Joseph A. Zinn</u> Date <u>2-1-77</u> Authorized representative | | | |

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5