

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

Location of well:			County: <u>Marion</u>	Township name: <u>SE 1/4 NE 1/4 NE 1/4</u>	Fraction: <u>NE 1/4</u>	Section number: <u>6</u>	Town number: <u>#20</u>	Range number: <u>4 E</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>John Jeweller 66861</u>				
Street address of well location if in city: <u>118 N Roosevelt</u>				Address: <u>118 N Roosevelt Marion City</u>				
Locate with "X" in section below:			Sketch map:					
			4 Well depth: <u>82</u> ft. Date of completion <u>3-30-77</u> Well diameter <u>9</u> in.					
			5 <input checked="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 checked="checked" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well						7 Casing: Material <u>plus</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/2</u> in. Diam. <u>5 in</u> Weight <u>225</u> lbs./ft. <u>top</u> in. to <u>82</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
2 Type and color of material			From		To		8 Screen:	
<u>Gumbo</u>			<u>0</u>		<u>10</u>		<input checked="checked" type="checkbox"/> Screen: <u>Home made</u>	
<u>Glime</u>			<u>30</u>		<u>40</u>		Manufacturer <u>plus</u> Type <u>plus</u> Dia. <u>5 in</u>	
Soap Stone			<u>20</u>		<u>60</u>		Slot/ gauze Length <u>20 ft</u> Set between <u>62</u> ft. and <u>82</u> ft.	
<u>Red Rock</u>			<u>10</u>		<u>90</u>		Fittings: Gravel pack <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
<u>Brown Shale</u>			<u>8</u>		<u>78</u>		9 Static water level: <u>50</u> ft. below land surface Date <u>3-30-77</u>	
<u>Glime</u>			<u>4</u>		<u>82</u>		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.	
<u>5 in 200 Plus pipe</u>			<u>28 ft</u>		<u>top</u>		11 Water sample submitted:	
							<input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No Date _____	
<u>9 in Hole</u>			<u>28 ft</u>		<u>top</u>		12 Well head completion:	
							<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
(use a second sheet if needed)			<u>28 ft</u>		<u>top</u>		13 Well grouted? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="checked" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth <u>top 28 ft</u> ft. <u>0-28'</u>	
							14 Nearest source of possible contamination: ft. <u>50</u> Direction <u>East</u> Type <u>Sewer line</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No	
16 Remarks: elevation			<u>28 ft</u>		<u>top</u>		15 Pump: <input checked="checked" type="checkbox"/> Not installed	
							Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.p.	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<u>28 ft</u>		<u>top</u>		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	
							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>Schmy Waterwell 278</u> Business name License No. Address <u>Marion</u> Signed <u>Walter Schmy</u> Date <u>3-30-77</u>	