

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>Marion</i>	Township name <i>Center</i>	Fraction <i>N 1/4 SW 1/4 NW 1/4</i>	Section number <i>10</i>	Town number <i>20S</i>	Range number <i>4E</i>																																				
Distance and direction from nearest town or city:				3 Owner of well: <i>Gerger cont.</i>																																						
Street address of well location if in city:				Address: <i>Marion Mo</i>																																						
Locate with "X" in section below				Sketch map:																																						
				<i>Well at Marion county lake</i> <i>WCA</i>																																						
							4 Well depth: <i>75</i> ft. Date of completion _____ Well diameter <i>9</i> in.																																			
2 Type and color of material				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 checked="" 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 type="checkbox"/> Test well <input type="checkbox"/> <i>Home</i>																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:5%;">From</th> <th style="width:15%;">To</th> </tr> </thead> <tbody> <tr><td><i>Gumbo</i></td><td><i>0</i></td><td><i>2</i></td></tr> <tr><td><i>Glime</i></td><td><i>10</i></td><td><i>12</i></td></tr> <tr><td><i>Glime Shavel</i></td><td><i>5</i></td><td><i>17</i></td></tr> <tr><td><i>Glime</i></td><td><i>20</i></td><td><i>37</i></td></tr> <tr><td><i>Soapstone</i></td><td><i>3</i></td><td><i>40</i></td></tr> <tr><td><i>Glime</i></td><td><i>15</i></td><td><i>55</i></td></tr> <tr><td><i>Red Rock → Water</i></td><td><i>10</i></td><td><i>65</i></td></tr> <tr><td><i>Shale Blue</i></td><td><i>3</i></td><td><i>67</i></td></tr> <tr><td><i>Red Rock. → Water</i></td><td><i>5</i></td><td><i>72</i></td></tr> <tr><td><i>Glime 20 gal min</i></td><td><i>3</i></td><td><i>75</i></td></tr> <tr><td colspan="3" style="text-align:center;"><i>Pipe cement 25 ft. from top</i></td></tr> </tbody> </table>				Type and color of material	From	To	<i>Gumbo</i>	<i>0</i>	<i>2</i>	<i>Glime</i>	<i>10</i>	<i>12</i>	<i>Glime Shavel</i>	<i>5</i>	<i>17</i>	<i>Glime</i>	<i>20</i>	<i>37</i>	<i>Soapstone</i>	<i>3</i>	<i>40</i>	<i>Glime</i>	<i>15</i>	<i>55</i>	<i>Red Rock → Water</i>	<i>10</i>	<i>65</i>	<i>Shale Blue</i>	<i>3</i>	<i>67</i>	<i>Red Rock. → Water</i>	<i>5</i>	<i>72</i>	<i>Glime 20 gal min</i>	<i>3</i>	<i>75</i>	<i>Pipe cement 25 ft. from top</i>			7 Casing: Material <i>Plus</i> Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. <i>6 in</i> Weight _____ lbs./ft. _____ _____ in. to <i>75</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
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16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				8 Screen: Manufacturer _____ Type <i>iron</i> Dia. _____ Slot/pauze _____ Length _____ Set between _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																						
				9 Static water level: <i>50</i> ft. below land surface Date <i>May 5</i>																																						
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>William Schimpf 228</i> Business name <i>Marion Mo</i> License No. _____ Address _____ Sign <i>William Schimpf</i> Date <i>May 7 1975</i> Authorized representative				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.																																						
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																						
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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				12 Well head completion: <input type="checkbox"/> Pitless adapter <i>18</i> inches above grade																																						
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>55</i> ft. to <i>25</i> ft.																																						
14 Nearest source of possible contamination: ft. <i>100</i> Direction <i>north</i> Type <i>septic</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				11 _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																						
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