

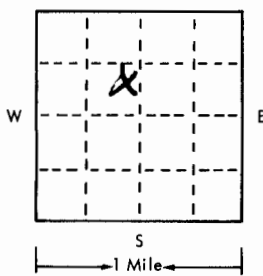
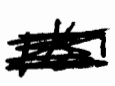
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

Greenwood

1 Location of well:	County GW	Township name Madison	Fraction NESEFW	Section number 29	Town number 22	Range number 12E
Distance and direction from nearest town or city: 1 1/2 mi E + 1 1/2 mi			3 Owner of well: Warren Godfrey			
Street address of well location if in city: 5 Madison KS			Address: Madison, KS			
Locate with "X" in section below: 			Sketch map: 			
2			4 Well depth: 45 ft. Date of completion 7-5-75 Well diameter 8 in.			
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			
From To			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"/>			
Topsoil			7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. NONE Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
Yellow Clay			8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
Chert Gravel			9 Static water level NONE _____ ft. below land surface Date _____			
Yellow Clay			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.			
Blue Shale			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Blue Lime			12 Well head completion NONE <input type="checkbox"/> Pitless adapter <input type="checkbox"/> _____ inches above grade			
Blue Shale			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 3 ft. to 13 ft.			
TD 45 FT			14 Nearest source of possible contamination: ft. 10 Direction E Type Plastic Well constructed after completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
16 Remarks: elevation			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. Business name _____ License No. _____ Address RR 1, Virgil, KS Signed David Sherman Date 8-1-75 Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			Form WWC-5			

Dry Hole filled with Natural Earth Material & Sealed with grout

OFFICE
5 AUG 1975
DIVISION OF
ENVIRONMENTAL
HEALTH

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