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
	Butler	Chelsea	SW 1/4 SE 1/4	36	24 S	R-7-E

Distance and direction from nearest town or city: 7 north ½ east Rosalia Kans

Street address of well location if in city:

3 Owner of well: Norman Sundgren Rosalia Kans

Address:

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

N
W E
S
1 Mile

4 Well depth: 50 ft. Date of completion 4-30-1975
Well diameter 7 in.

5 ☒ Cable tool ☐ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material steel Height: (above) below
Threaded ☐ Welded ☒ Surface 14 in.
Diam. Weight 1.5 lbs./ft.
10 in. to 10 ft. depth Drive shoe? ☐ Yes ☒ No
7 in. to 50 ft. depth

8 Screen: Sunflower Plastic Inc
Manufacturer Wichita Kans
Type RMP Dia. 6"
(Slot) gauze 40 Length 20 ft
Set between 40 ft. and 20 ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material

9 Static water level:
12 ft. below land surface Date 4-30-75

10 Pumping level below land surfaces:
ft. after hrs. pumping g.p.m.
ft. after hrs. pumping g.p.m.
Estimated maximum yield 3 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date

12 Well head completion:
☐ Pitless adapter 14 Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 10 ft. to 0 ft.

14 Nearest source of possible contamination:
ft. 500 Direction north Type stock pond
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☒ 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

2

Type and color of material	From	To
gray Clay	0	22
water	22	
Lime Rock gray	22	50
owner will put on slab		
(use a second sheet if needed)		

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ 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.
Murray Wells 122
Business name License No.
Address Augusta Ks
Signed Murray Wells Date 4-30-1975
Authorized representative

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

Form WWC-5