

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 Woodson	Township name Center	Fraction NW NE NW	Section number 14	Town number 25	Range number 15E
Distance and direction from nearest town or city: BK # 11.				3 Owner of well ROBT. STOKER BRAND			
Street address of well location if in city: 400 S. MAIN				Address: GATES CENTER			
Locate with "X" in section below:		Sketch map:		4 Well depth: 56 ft. Date of completion 4/9/76 Well diameter 9 in. to 12'-7" to bottom			
				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			
2		Type and color of material		From	To	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
		DARK BROWN SOIL		0	6	7 Casing: Material P.T.S. Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. FEMENTED Weight 1390 lbs./ft. 6 in. to 15' ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
		BROWN SAND ROCK		6	29	8 Screen: Manufacturer Jean + Lowell Type RMD Dia. 6" Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: OPEN Hole 15'-56' Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
		SOFT YELLOW SAND ROCK		29	56	9 Static water level: 8 ft. below land surface Date 4/18/76	
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping 50 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 <input checked="" type="checkbox"/> 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 0 ft. to 15 ft.	
						14 Nearest source of possible contamination: ft. 26 Direction EAST Type FORAGE Well disinfected upon completion? <input checked="" 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:					
<p>STOKER BRAND IS GOING TO RUN HIS OWN PUMP</p> <p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley</p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p>CUMMINGS WELL SERV. INC. Business name License No. _____ Address TOPEKA KAN. Signed [Signature] Date 4/10/76 Authorized representative</p>					

25 15E 14 NW NE NW

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

Form WWC-5