

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 1/4	Section number 14	Town number 25	Range number 15E
Distance and direction from nearest town or city: BRK # 1			3 Owner of well LELAND MOFFIS			
Street address of well location if in city 401. S. MAIN.			Address YATES CENTER KAN			
Locate with "X" in section below:		Sketch map:		4 Well depth: 56 ft. Date of completion 4/12/76 Well diameter 7 in.		
				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 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"/>		
				7 Casing: Material PYS Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. Weight 280 lbs./ft. 6 in. to 15 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth		
2		Type and color of material		From	To	8 Screen: Manufacturer Jen + Howell Type AIC Dia. 6" Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: OPEN HOLE From 15-55 Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		BLACK SOIL		0	5	9 Static water level: 10 ft. below land surface Date 4/12/76
		BROWN SAND & ROCK		5	23	
		YELLOW SAND ROCK = 50V		23	41	
		BROWN SAND ROCK		41	55	
		GRAY SHALE		55	56	
						10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ 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 type="checkbox"/> Pitless adapter <input 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 10 ft.
						14 Nearest source of possible contamination: ft. 60 Direction SOUTH type SEWER 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		MR. MOFFIS IS RUNNING HIS OWN PUMP				
Topography:						
<input type="checkbox"/> Hill						
<input checked="" type="checkbox"/> Slope						
<input type="checkbox"/> Upland						
<input type="checkbox"/> 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. LUMMIS WELLSERY 312 Business name License No. Address TOPEKA KAN Signed [Signature] Date 4/14/76 Authorized representative				

25 15E 14 NW NE NW

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

Form WWC-5