

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

Woodson

1 Location of well:	County W O,	Township name LIBERTY	Fraction NW 1/4, SW 1/4, NW 1/4	Section number 31	Town number 25	Range number 05 E
Distance and direction from nearest town or city:	2 1/2 mi. SW. IV. I. W.		3 Owner of well: Chris Matile			
Street address of well location if in city:	Yates Center		Address: Yates Center			
Locate with "X" in section below:	Sketch map: 			4 Well depth: 95 ft. Date of completion: 3/21/76 Well diameter 7 in.		
2 Type and color of material			From	To	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	
Brown soil			0	5	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"/>	
Broken lime stone			5	11	7 Casing: Material PITS Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface CS in. Diam. CS Weight CS lbs./ft. 4 in. to 91 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to 91 ft. depth	
Solid hard lime			11	17	8 Screen: Manufacturer JESS LOWELL Type PVC Dia. 6" Slot/gauze 1/16 Length CS Set between 40 ft. and 30 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material CS	
grey shale			17	27	9 Static water level: 31 ft. below land surface Date 2/28/76	
White shale			27	40	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.	
White Sand ← SO. W.			40	70	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
Coarse white sand			70	79	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade	
grey shale			79	95	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 30 ft.	
(use a second sheet if needed)					14 Nearest source of possible contamination: ft. 800 Direction E 20 FT. S. Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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. F. H. MANNING, WELL SERV Business Address: Yates Center, Mo License No. _____ Signed: Chris Matile Date: 3/21/76 Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			Remarks: Chris Matile ran his own pump & built his pump house he says he knows the requirements			

25 15 E 31 NW NW NW

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

Form WWC-5