

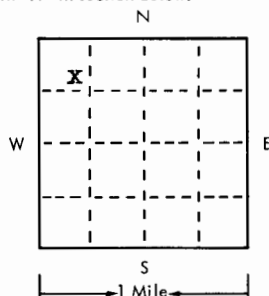
T		R		FW		sec	1/4	1/4	1/4 No

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

Distance and direction from nearest town or city: 7 E on 96 5.5 n
Leom, Ks
Street address of well location if in city:

3 Owner of well: DAVID JACKMAN
Address: Leon, Ks
67074

Sketch map:


$$\frac{5140}{0}$$

 House


BARN

Drainage

well

4 Well depth: 41 ft. Date of completion 10, 19, 75
Well diameter 8 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 Weight: above/below
Threaded ☐ Welded ☐ Surface 48 in.
Diam. Weight 28 lbs./ft.
 in. to ft. depth Drive shoe? ☐ Yes ☒ No
 in. to ft. depth

2	Type and color of material	From	To
	BLACK SOIL	0	1.5
	BLACK CLAY	1.5	3.0
	RED CLAY	3.0	14.5
	RED CLAY & GRAVEL	14.5	16.0
	GRAVEL	16.0	21.0
	LIME	21.0	25.0
	SHALE	25.0	41.0
	This well passed pre and post country inspection		
	(use a second sheet if needed)		

8 Screen: _____
 Manufacturer None
 Type _____ Dia. _____
 Slot/gauze _____ Length _____
 Set between _____ ft. and _____ ft. _____
 Fittings:
 Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
_____ ft. below land surface Date _____

10 Pumping level below land surfaces:
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.
 Estimated maximum yield 20 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion:
☐ Pitless adapter 48 ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
 Depth: From 2 ft. to 11 ft.

14 Nearest source of possible contamination:
ft. 500 Direction East Type Barn
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:

<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

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.

ABRAHAM & PLUMMER 181
Business name License No.
Address **Leon, Ks 67074**
Signed *Abraham Plummer* Date **10-10-78**
Authorized representative

26 7E 33 SENW MW