USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T	R	EW	sec	1/4	1/4	1/4	No.
2	10	E	29	SW	SW	SW	

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
	Marshall		~~SW/4 S/4 SW~~	29	T25	R10E

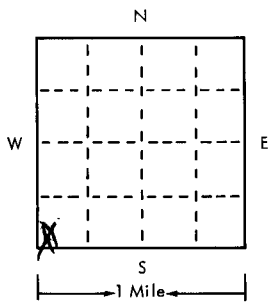
Distance and direction from nearest town or city: 99 and 36 junction north of Frankfort 4½ E

Street address of well location if in city:

3 Owner of well: ~~John Long~~ Gary Lackey

Address: Axtell Rt 1

Locate with "X" in section below:



Sketch map: SW 1/4 of SW 1/4 of SW 1/4

4 Well depth: 76' ft. Date of completion 8/29/75
Well diameter ____ 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 PVC Height: above/below 2 ft
Threaded ☐ Welded ☒ Surface 2 ft
Diam. Weight 1.00 lbs./ft.
5 in. to 76 ft. depth Drive shoe? ☐ Yes ☐ No
____ in. to ____ ft. depth

2

Type and color of material	From	To
top soil	0	2
Brown Clay	2	23
Yellow Clay	23	34
Mixed sands	34	66
Yellow Clay	66	70
Blue Clay	70	80

(use a second sheet if needed)

8 Screen:
Manufacturer Jones
Type ~~ditch~~ Dia. 5"
Slot/gauze .030 Length 20
Set between 56 ft. and 76 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 to 1/4

9 Static water level:
25 ft. below land surface Date 8/29/75

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

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion:
☐ Pitless adapter ☒ 24 inches above grade

13 Well grouted? ☐ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 0 ft. to 20 ft.

14 Nearest source of possible contamination:
ft. 100 Direction SW Type ditch
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

16 Remarks: elevation 1370'

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.
Blue Valley Drilling 234
Business name License No.
Address Blue Rapids Kan
Signed ~~Gerald Elmer~~ Date 9-29-75
Authorized representative

2 10E 29 SW SW SW

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

Form WWC-5