

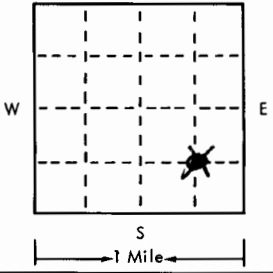
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

Summer

1 Location of well:	County Sedgwick	Township name	Fraction <i>CSE 1/4</i>	Section number <i>24</i>	Town number <i>T305</i>	Range number <i>R1E</i>
Distance and direction from nearest town or city: <i>2 1/2 Miles NE of Belle Plaine</i>			3 Owner of well: Keith Walton (<i>KU Endowment Assoc.</i>) Belle Plaine, Kansas Well No. 2 (TH1-75)			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>43 1/2</i> ft. Date of completion <i>9/15/75</i> Well diameter <i>30</i> in.
			5 <input 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 checked="" 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 <i>St1</i> Height: above/_____ in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>30</i> in. Diam. _____ Weight <i>31.75</i> lbs./ft. <i>16</i> in. to <i>23.6</i> 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	
		Fine sand		0	5	
		Med. gravel		5	41	
		Shale		41	41 1/2	
			8 Screen: Manufacturer <i>Doerr</i> Type <i>St1</i> Dia. <i>16"</i> Slot/gauze <i>1/8</i> Length <i>20'</i> Set between <i>23.6</i> ft. and <i>43.5</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/2 x 1/2</i>			
			9 Static water level: <i>7.2</i> ft. below land surface Date <i>9-15-75</i>			
			10 Pumping level below land surfaces: <i>15.8</i> ft. after <i>3</i> hrs. pumping <i>800</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1000</i> 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 checked="" type="checkbox"/> Inches above grade			
			13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <i>Clay</i> Depth: From <i>2</i> ft. to <i>10</i> ft.			
			14 Nearest source of possible contamination: ft. <i>5000</i> Direction <i>North</i> Type <i>Farm</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>Layne</i> Model number <i>26723 WP</i> <i>60</i> Volts _____ Length of drop pipe <i>30</i> ft. capacity <i>800</i> g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Layne Western Co.</i> <i>102</i> Business name License No. Address <i>Wichita, Kansas</i> Signed _____ Date <i>9/22/75</i> Authorized representative			

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

Form WWC-5

30 1 E 24 CSE