

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

31 6 E 2 SE NW NW
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 Cowley	Township name Silver Creek	Fraction SE 1/4 NW - NW	Section number 2	Town number 31 S	Range number 6 E
Distance and direction from nearest town or city: 5 mi. N, 1/8 E				3 Owner of well: F D JABARA			
Street address of well location if in city: of Burden				Address: 6110 E. 11th Wichita Ks.			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 			4 Well depth: 86 ft. Date of completion 8-3-74 Well diameter 10 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			
Soil & rock		0	3	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"/>			
Lime		3	5	7 Casing: Material Iron Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. wall Diam. 10 in. to 20 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			
Yellow Clay		5	20	8 Screen: Open Hole From 20' Manufacturer _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
Shattered lime		20	23	9 Static water level: 22 ft. below land surface Date 8-3-74			
limy shale grey		23	27	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.			
lime grey		27	47	11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
Red Rock		47	51	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 <input checked="" type="checkbox"/> Inches above grade			
lime grey		51	62	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 3 ft. to 20 ft.			
Shale grey		62	66	14 Nearest source of possible contamination: ft. 100 Direction SW Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
lime grey		66	85	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Red Jacket Model number _____ HP 1/2 Volts 220 Length of drop pipe 80 ft. capacity 10 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
Shale		85	-	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. Bailey Drilling Co 209 Business name _____ License No. _____ Address Burden KANS. Signed Donald E. Bailey Date 6-8-75 Authorized representative			
16 Remarks: elevation Customer was to run cement platform & agreed to have water tested before use.							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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