

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

1 Location of well:	County <b>Cowley</b>	Township name <b>Silverdale</b>	Fraction <b>SE SE SE</b>	Section number <b>25</b>	Town number <b>34</b>	Range number <b>5E</b>
Distance and direction from nearest town or city: <b>3 miles west Maple City</b> <small>Street address of well location if in city:</small>				3 Owner of well: <b>Lee Furnas</b> Test # <b>2</b> Address: <b>RR # 1 Dexter Ks</b>		
Indicate with "X" in section below: 		Sketch map: 		4 Well depth: <b>100</b> ft. Date of completion <b>5/30/79</b> Well diameter <b>10"</b> in. 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 6 Use: <input 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 checked="" type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material		From	To	8 Screen:		
Lm. hard wht.		0	28	Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
Shale blue med		28	30	9 Static water level: _____ ft. below land surface Date _____		
Shale gry med		30	40	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.		
Shale red soft		40	55	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
Lm. wht hard sharp some chert		55	60	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Shale very dark grey to blk		60	65	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
Lm. wht hard		65	67	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Blue Lime & shale hard		67	75	15 Pump: <input type="checkbox"/> 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		
Blue shale med to soft		75	80	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. <b>G &amp; S Drilling 171</b> Business name _____ License No. _____ Address <b>208 E 14th Winfield, Ks</b> Signed <b>[Signature]</b> Date <b>6/15/79</b> Authorized representative		
Grey to tan shale soft		80	90	16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  (use a second sheet if needed)		
Red Bed soft		90	100			
Total Depth		100	T.D.			
Open hole made 8 gals. water in 36 Hours						
Hole abandoned and plugged						

34 5E 25 SESESE

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

Form WWC-5