

38

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

SE SE SW

3 4 E 33 E SE SW T R EW sec 1/4 1/2 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

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

CE 2 SE 4

1 Location of well:	County WASH	Township name LOGAN	Fraction SW 1/4	Section number 33	Town number T 3 S	Range number R 4 E
Distance and direction from nearest town or city: 1 NORTH 5 WEST OF GREENLEAF				3 Owner of well: CHARLES + IDA KNEDLIK Address: GREENLEAF, KANSAS		
Locate with "X" in section below:		Sketch map:		4 Well depth: 120 ft. Date of completion 10/8/75 Well diameter 8 in.		
				5 <input type="checkbox"/> Cable tool <input checked="" 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 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 checked="" type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Digm. Weight 3 lbs./ft. 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 Type and color of material				From	To	8 Screen: Manufacturer CERTAINTEED Type SAVED Dia. 5 Slot/gauge 1/16 Length 20 Set between 100 ft. and 80 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 2" x 1/4"
TOPSOIL				0	3	9 Static water level: 70 ft. below land surface Date 10/8/75
BROWN CLAY				3	27	
SAND				27	40	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 2 g.p.m.
BROWN CLAY				40	58	
SAND				58	72	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
BLUE CLAY				72	102	
ROCK				102	108	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> inches above grade
BLUE CLAY				108	109	
ROCK				109	112	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 0 ft. to 10 ft.
BLUE CLAY				112	120	
BLUE SHALE				120		14 Nearest source of possible contamination ft. 100 Direction NORTH Type LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
STOP				130		
16 Remarks: elevation 1425 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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		
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. FOR COX + SONS INC 258 Business name _____ License No. _____ Address SELECTION, KANSAS Signed Daryl Cox Date 10/8/75 Authorized representative						

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

Form WWC-5

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4 E
33
CE 2 SE SW