39

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 SW NE SE

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	WASHINGTON	GREENLEAF	NE	3	4S	4E

Distance and direction from nearest town or city: 3/4 EAST GREENLEAF

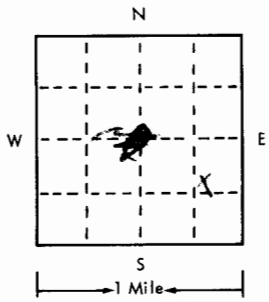
Street address of well location if in city: NORTH 5:00 ROAD

3 Owner of well: SIDNEY Jorgenson

Address: GREENLEAF Kans

Locate with "X" in section below:

Sketch map:



4 Well depth: 85 ft. Date of completion 4-11
Well diameter 7 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug [ ] Hollow rad [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry [ ] Irrigation [ ] Air conditioning [ ] Commercial [ ] Test well [ ] _____

7 Casing: Material PVC Height: above/~~below~~ 15"
Threaded [ ] Welded [ ] Surface 15 in.
Diam. 5" inside Weight _____ lbs./ft. 250
_____ in. to _____ ft. depth Drive shoe? [ ] Yes [X] No
5" top 80 ft. to bottom

2 Type and color of material	From	To
TOP SOIL	1	10
YELLOW CLAY	11	28
YELLOW LIME ROCK.	28	31
BLUE SHALE	32	60
WHITE LIMESTONE	61	70
BLUE SHALE.	71	85
(use a second sheet if needed)		

8 Screen:
Manufacturer Jors + Lowell
Type PVC Dia. 5" inside
Slot/gauze 40 Length 20'
Set between 50 ft. and 70 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/8 X 1/4

9 Static water level:
60 ft. below land surface Date 4-11-1975

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 6 g.p.m. at 7 left
Bailer test

11 Water sample submitted:
[ ] Yes [X] No Date _____

12 Well head completion:
NA
[ ] Pitless adapter [ ] Inches above grade

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] _____
Depth: From 20 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 200 Direction _____ Type _____
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] 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
1380

Topagraphy:
[ ] Hill
[X] 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.
Strader Drilling Co. 237
Business name License No.
Address Blue Rapids KS
Signed Harold Strader Date 4-11-75
Authorized representative

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

Form WWC-5

677-H