

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <u>Marshall</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>24</u>	Township number <u>T 45 S R 6</u>	Range number <u>6</u> <span style="float:right;">(E)</span>																		
2. Distance and direction from nearest town or city:	<u>2 W B.R. North side 77</u>		3. Owner of well: <u>Jess F. Musil</u>																				
Street address of well location if in city:			R.R. or street: <u>Rt #1</u>																				
4. Locate with "X" in section below:			Sketch map:																				
			6. Bore hole dia. <u>8</u> in. Completion date <u>11-7-78</u> Well depth <u>62</u> ft.																				
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Rock Big</u></td> <td><u>0</u></td> <td><u>3</u></td> </tr> <tr> <td><u>clay</u></td> <td><u>3</u></td> <td><u>11</u></td> </tr> <tr> <td><u>sand med</u></td> <td><u>11</u></td> <td><u>41</u></td> </tr> <tr> <td><u>sand coarse</u></td> <td><u>41</u></td> <td><u>42</u></td> </tr> <tr> <td><u>shale</u></td> <td><u>42</u></td> <td><u>62</u></td> </tr> </tbody> </table>				From	To	<u>Rock Big</u>	<u>0</u>	<u>3</u>	<u>clay</u>	<u>3</u>	<u>11</u>	<u>sand med</u>	<u>11</u>	<u>41</u>	<u>sand coarse</u>	<u>41</u>	<u>42</u>	<u>shale</u>	<u>42</u>	<u>62</u>	7. <input checked="" 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		
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			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																				
			9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>62</u> ft. depth <input checked="" type="checkbox"/> Gauge No. <u>200</u>																				
			10. Screen: Manufacturer's name <u>Plastic</u> <u>N.F.S. approved</u> Type <u>Plastic</u> No. <u>3</u> Slot/gauze <u>.060</u> Length <u>22</u> Set between <u>40</u> ft. and <u>62</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8-5/16 well gravel</u>																				
			11. Static water level: <u>40</u> ft. below land surface Date <u>11-7-78</u> mo./day/yr.																				
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>5-6</u> g.p.m.																				
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																				
			14. Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade																				
			15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.																				
			16. Nearest source of possible contamination: ft. <u>600</u> Direction <u>W</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
			17. 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																				
(Use a second sheet if needed)																							
18. Elevation:	19. Remarks:		20. Water well contractor's certification:																				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Blue Valley Drilling L.S.D.</u> Business name _____ License No. _____ Address <u>Blue Rapids, Ks 66411</u> Signed <u>Gerald Straker</u> Date <u>11-15-78</u> Authorized representative																				

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5