

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

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County <b>Marshall</b>	Township name <b>Waterville</b>	Fraction <b>SE 1/4 NW 1/4 NE 1/4</b>	Section number <b>25</b>	Town number <b>T45</b>	Range number <b>R6E</b>	
Distance and direction from nearest town or city: <b>2 W of Blue Rapids</b>			3 Owner of well: <b>Blue River Land &amp; Gravel Floyd Stryker Blue Rapids, Kan</b>				
Street address of well location if in city:			Address:				
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>SE 1/4 NW 1/4 NE 1/4</b>		4 Well depth: <b>64</b> ft. Date of completion <b>2-14-75</b> Well diameter <b>32</b> in.			
2 Type and color of material  <b>0-3' top soil</b> <b>3'-64' sand &amp; gravel (good)</b> <b>64' Rock Limestone</b>		5 <input 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 checked="" type="checkbox"/> Reverse rotary		6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well			
		7 Casing: Material <b>iron</b> <input type="checkbox"/> <b>steel</b> <input type="checkbox"/> <b>aluminum</b> <input type="checkbox"/> <b>above</b> <input type="checkbox"/> <b>below</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. Diam. <b>16</b> in. to <b>64</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 Screen: Manufacturer <b>Johnson</b> Type <b>slot</b> Dia. <b>1 1/2</b> " Slot <b>1/4</b> Length <b>10'</b> Set between <b>54</b> ft. and <b>64</b> ft. Fittings: <b>1/4</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material			
		9 Static water level: <b>48</b> ft. below land surface Date <b>2/14/75</b>		10 Pumping level below land surfaces: <b>60</b> ft. after <b>2</b> hrs. pumping <b>200</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>700</b> g.p.m.			
		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		12 Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> inches above grade			
		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>12</b> ft.		14 Nearest source of possible contamination: ft. <b>300</b> Direction <b>W</b> Type <b>Cruck</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		15 Pump: Manufacturer's name <b>HPC</b> <input type="checkbox"/> Not installed Model number ____ HP <b>20</b> Volts <b>220</b> Length of drop pipe <b>60</b> ft. capacity <b>200</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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. <b>Blue Valley Drilling</b> Business name <b>Blue Rapids, Kan</b> License No. <b>234</b> Address <b>Blue Rapids, Kan</b> Signed <b>David Stryker</b> Date <b>3/9/75</b> Authorized representative			
		16 Remarks: elevation <b>1160</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5