

6

location not known

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

NESESE

1 Location of well:		County <b>Pott.</b>	Township name <b>Lonetree</b>	Fraction <b>NA</b>	Section number <b>32</b>	Town number <b>NA 6S</b>	Range number <b>10E</b>
Distance and direction from nearest town or city: <b>of Wheaton Kansas 1 1/4 mile south</b>				3 Owner of well: <b>Roger Abbitts</b> Address: <b>Wheaton</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>72</b> ft. Date of completion: <b>4/23/75</b> Well diameter: <b>5"</b> in.			
		<p style="text-align: center; font-size: 2em;">N.A.</p>		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			
2		Type and color of material		From	To	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 type="checkbox"/> Test well	
		<b>Brown Clay &amp; Water</b>		<b>0</b>	<b>15</b>	7 Casing: Material <b>PVC</b> Height: above/below <b>24</b> in. <b>72'</b> Type <b>Welded</b> <input type="checkbox"/> Surface <b>24</b> in. <b>72'</b> Diam. <b>5" P.O.</b> Weight <b>230</b> lbs./ft. ___ in. to ___ ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ___ in. to ___ ft. depth	
		<b>Lime Stone &amp; Clay</b>		<b>15</b>	<b>25</b>	8 Screen: <b>Self</b> Manufacturer <b>PVC</b> Dia. <b>5"</b> Type <b>Slot</b> Length <b>20ft.</b> Slot/gauze <b>Slot</b> Length <b>20ft.</b> Set between <b>32</b> ft. and <b>72</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
		<b>Lime Rock and Soap Stone &amp; Water</b>		<b>25</b>	<b>35</b>	9 Static water level: <b>15</b> ft. below land surface Date ___	
		<b>Blue Shale</b>		<b>35</b>	<b>55</b>	10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after <b>NA</b> hrs. pumping ___ g.p.m. Estimated maximum yield <b>15</b> g.p.m.	
		<b>Blue Shale</b>		<b>55</b>	<b>65</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>NA</b>	
		<b>Blue Shale</b>		<b>65</b>	<b>72</b>	12 Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter <b>NA</b> <input type="checkbox"/> Inches above grade	
						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 <b>4</b> ft. to <b>14</b> ft.	
						14 Nearest source of possible contamination: ft. <b>75</b> Direction <b>North</b> Type <b>Cow Lot</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input checked="" 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	
16 Remarks: elevation <b>145</b>						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>Harpers Drlg. Service</b> Business Name _____ License No. _____ Address <b>116</b> Signed _____ Date <b>4-23-75</b> Authorized Representative	

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

Form WWC-5