18

VBRT

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

bbb

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Jackson		NW¼NW¼NW¼	33	T8S	R15E

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well:
Address: Nocktonick, Adam
RFD. Mayetta, Kansas

Locate with "X" in section below: Sketch map:

N / W / E / S / 1 Mile

4 Well depth: 60 ft. Date of completion 5/5/75
Well diameter 10 in.

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

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

7 Casing: Material PVC Height: above/below
Threaded [ ] Welded [ ] Surface 48 in.
Diam. Weight 200 lbs./ft.
____ in. to ____ ft. depth Drive shoe? [ ] Yes [X] No
____ in. to ____ ft. depth

2 Type and color of material	From	To
Top Soil	0	6
Sand	6	8
Yellow Clay with Lime Gravel	21	21
Gray Shale in Gravel	21	31
Blue Shale	31	41
Blue Lime	41	43
Gray Shale	43	48
Red Shale	48	51
White Lime	51	54
Blue Shale	54	60
(use a second sheet if needed)		

8 Screen:
Manufacturer Modern
Type PVC Dia. 5"
Slot/gauze ____ Length ____
Set between ____ ft. and ____ ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 3/4

9 Static water level:
4 ft. below land surface Date 5/5/75

10 Pumping level below land surfaces:
9 ft. after 1½ hrs. pumping 9 g.p.m.
19 ft. after 4 hrs. pumping 9 g.p.m.
Estimated maximum yield 6 g.p.m.

11 Water sample submitted:
[X] Yes [ ] No Date 5/14/75

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

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] _____
Depth: From 3 ft. to 12 ft.

14 Nearest source of possible contamination:
ft. 25 Direction SW Type Pond
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.p.m.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Centrifugal [ ] Other

16 Remarks: elevation 1137
1122 Slab to be installed by customer

Topography:
[ ] Hill
[ ] Slope
[ ] Upland
[X] 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.
Business name Cummings Drilling Co License No. 148
Address Rt 10
Signed Jeanette Cummings Date 5/15/75
Authorized representative

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

Form WWC-5

677-H