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

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

SWATER WELL RECORD
KSA 82a-1201-1215
NE SE NW
SE ¼ NW ¼ NW ¼ MH2

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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Jefferson		NE¼NE¼NW¼ # 5		9	19

Distance and direction from nearest town or city: .4 E OF

3 Owner of well: Don Ley

Street address of well location if in city: DUNAVANT

Address: Nortonville Winchester, Ks 66097

Locate with "X" in section below: Sketch map:
correct mh2
well
X - 300' -- (Pond)

W — E, N, S, 1 Mile

4 Well depth: 68 ft. Date of completion _____
Well diameter 12 in. 8-23-79

5 ☐ Cable tool ☑ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☑ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐

7 Casing: Material PVC Height: (above)/below
Threaded ☐ Welded ☐ Surface 24 in.
Diam. Weight 2.82 lbs./ft 258
3 in. to 68 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2	Type and color of material	From	To
	Top Soil	0	4
	Clay brown, blue	4	50
	Fine sand water bearing	50	54
	Shale, grey	54	68

8 Screen:
Manufacturer PUMPCO MPI
Type PVC Dia. 5
Slot/gauze .020 Length 40
Set between 38 ft. and 68 ft.
Fittings: .030 X .060
Gravel pack ☑ Yes ☐ No Size range of material ___

9 Static water level:
40 ft. below land surface Date 8-23-79

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☑ No Date ___

12 Well head completion: CAP
☐ Pitless adapter 24" ☐ Inches above grade

13 Well grouted? ☑ Yes ☐ No
☑ Neat cement ☐ Bentonite ☐ ___
Depth: From 5 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 300 Direction E Type Pond
Well disinfected upon completion? ☑ Yes ☐ No

15 Pump: ☑ 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

(use a second sheet if needed)

16 Remarks: elevation
1130 MH2
Topography:
☐ Hill
☑ Slope
☐ Upland
☐ Valley
OWNER TO INSTALL Slab

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 Drlg Co Inc. 182
Business name   License No.
Address Holton, Ks
Signed Dale Askren Date 8-27-79
Authorized representative

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

BR = 1076   V = 1070

Form WWC-5

9 19E 5 NE NE NW

677-H