

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

1 Location of well:	County <u>Sheridan</u>	Township name	Fraction <u>SW*SE*NE</u>	Section number <u>3</u>	Town number <u>10</u>	Range number <u>27</u> <i>W 27</i>	
Distance and direction from nearest town or city: <u>5 north 1/2 east</u> <u>3 north 1/2 east</u>			3 Owner of well: <u>Larry Goetz</u>				
Street address of well location if in city: <u>of Park</u>			Address: <u>Park, Ks. 67751</u>				
Locate with "X" in section below: N W <u>X</u> E S 1 Mile			Sketch map:			<p>4 Well depth: <u>83</u> ft. Date of completion <u>5/20/78</u> Well diameter <u>8</u> in.</p> <p>5 <input 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</p> <p>6 Use: <input 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 <input checked="" type="checkbox"/> <u>stock</u></p> <p>7 Casing: Material <u>pvc</u> Height: <u>above</u>/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>83</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>5</u> in. to <u>83</u> ft. depth!</p> <p>8 Screen: Manufacturer <u>Peerless Plastic</u> Type <u>pvc</u> Dia. <u>5</u> in. Slot/gauze <u>1/16</u> Length <u>20</u> ft. Set between <u>63</u> ft. and <u>83</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>7</u></p> <p>9 Static water level: <u>23</u> ft. below land surface Date <u>5/20/78</u></p> <p>10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.</p> <p>11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____</p> <p>12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade</p> <p>13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <u>clay</u> Depth: From <u>0</u> ft. to <u>5</u> ft.</p> <p>14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p>	
2 Type and color of material			From	To			
<u>clay and silt</u>			<u>0</u>	<u>20</u>			
<u>sand, little clay</u>			<u>20</u>	<u>80</u>			
<u>yellow clay</u>			<u>80</u>	<u>83</u>			
16 Remarks: elevation							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. <u>Agua Well Drilling 281</u> Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>[Signature]</u> Date <u>6-78</u> Authorized representative				

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

Form WWC-5