

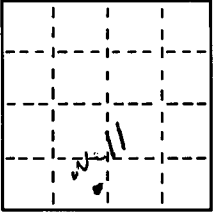
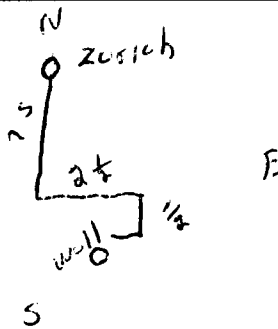
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

SE SE SW

1 Location of well:	County <u>Ellis</u>	Township name <u>Buckeye</u>	Fraction <u>SE 1/4</u>	Section number <u>2</u>	Town number <u>11</u>	Range number <u>19</u>	
Distance and direction from nearest town or city: <u>Zurich</u>			3 Owner of well: <u>Adolph Billinger</u>				
Street address of well location if in city: <u>7 South 2 1/2 East</u>			Address: <u>Zurich, Kansas</u>				
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>112</u> ft. Date of completion <u>8-1-75</u> Well diameter <u>9</u> in.			
				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			
				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			
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>L</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>10 1/2</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
2		Type and color of material		From	To	8 Screen: Manufacturer <u>Jess + Howell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/4</u> Length <u>10'</u> Set between <u>112</u> ft. and <u>102</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>	
		<u>Black dirt</u>		<u>0</u>	<u>10</u>	9 Static water level: <u>90</u> ft. below land surface Date <u>8-1-75</u>	
		<u>Yellow clay</u>		<u>10</u>	<u>40</u>		10 Pumping level below land surfaces: <u>90</u> ft. after <u>4</u> hrs. pumping <u>25</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.
		<u>Shale</u>		<u>40</u>	<u>85</u>		
		<u>SAND + shale mixture</u>		<u>85</u>	<u>95</u>		12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
		<u>Water sand</u>		<u>95</u>	<u>112</u>		
						14 Nearest source of possible contamination: ft. <u>50</u> Direction <u>South</u> Type <u>Corrals</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
							15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Dempster</u> Model number _____ HP _____ Volts <u>230</u> Length of drop pipe <u>100</u> ft. capacity <u>25</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input 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. <u>Paul P. Well Driller</u> Business name _____ License No. _____ Address <u>Box 42</u> Signed <u>Paul P. Well Driller</u> Date <u>8-2</u> Authorized representative	
16 Remarks: elevation							
		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