

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

near center of East side

1 Location of well:	County <i>Howe</i>	Township name	Fraction <i>S 1/4 - NW 1/4</i>	Section number <i>22</i>	Town number <i>11</i>	Range number <i>30</i>
Distance and direction from nearest town or city: <i>3 miles S - 3/4 W</i>			3 Owner of well: <i>Darryl Schu</i>			
Street address of well location if in city: <i>Iron Grinnell</i>			Address: <i>Grinnell Ks.</i>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>148</i> ft. Date of completion <i>8-21-75</i>		
				Well diameter <i>20</i> in.		
				5 <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <i>gal</i> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>12 3/4</i> Weight <i>33</i> lbs./ft. <i>L</i> <i>12</i> in. to <i>148</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>12</i> in. to <i>148</i> ft. depth		
2	Type and color of material	From	To	8 Screen:		
	<i>Top soil</i>	<i>0</i>	<i>75</i>	Manufacturer <i>W.A. Brown</i>		
	<i>Fine sand sandy clay sand stone</i>	<i>75</i>	<i>95</i>	Type <i>Screen</i> Dia. <i>12 3/4</i>		
	<i>Med Iron</i>	<i>95</i>	<i>105</i>	Slot/gauze <i>7-18</i> Length <i>40</i>		
	<i>lime colored</i>	<i>105</i>	<i>115</i>	Set between <i>108</i> ft. and <i>148</i> ft.		
		<i>115</i>	<i>125</i>	Fittings:		
		<i>125</i>	<i>135</i>	Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>44 x 56</i>		
		<i>135</i>	<i>143</i>	9 Static water level:		
		<i>143</i>	<i>155</i>	<i>87</i> ft. below land surface Date <i>8-12-75</i>		
				10 Pumping level below land surfaces:		
				<i>144</i> ft. after <i>2</i> hrs. pumping <i>800</i> g.p.m.		
				____ ft. after ____ hrs. pumping ____ g.p.m.		
				Estimated maximum yield <i>800</i> g.p.m.		
				11 Water sample submitted:		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion:		
				<input type="checkbox"/> Pitless adapter <i>12</i> 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 <i>0</i> ft. to <i>10</i> ft.		
				14 Nearest source of possible contamination:		
				ft. ____ Direction ____ Type <i>NON</i>		
				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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				17 Water well contractor's certification:		
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill				<i>Blum-Joy Drilling Co. 214</i>		
<input type="checkbox"/> Slope				Business name License No.		
<input checked="" type="checkbox"/> Upland				Address <i>Colby Ks.</i>		
<input type="checkbox"/> Valley				Signed <i>Mandy Red</i> Date <i>9-13-75</i>		
				Authorized representative		

22 11 30 S.W. 1/4

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

Form WWC-5