

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

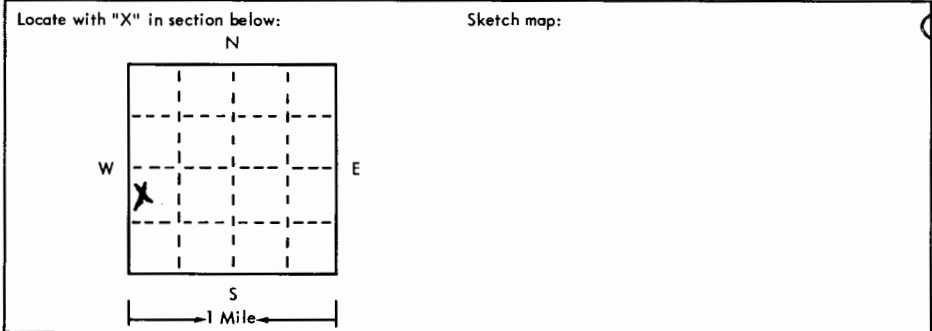
WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well: County Clayworth Township name Noble Fraction NW 1/4 NW 1/4 SW 1/4 Section number 36 Town number 15 Range number 10

Distance and direction from nearest town or city: 7.5-N-.2 E DB. 3 Owner of well: Olen Svoboda
Street address of well location if in city: Hollywood Address: Hollywood, Kansas



Well depth: 157 ft. Date of completion: 2-28-76
Well diameter: 7 in.

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

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

7 Casing: Material Steel Height: above / below
Threaded Welded Surface 18 in.
Diam. 5 1/2 in. Weight 2 lbs./ft. 1
157 ft. depth! Drive shoe? Yes No

2	Type and color of material	From	To
	Surface	0	2
	Brown clay	2	8
	Yellow clay	8	20
	Red clay	20	40
	Light Brown clay	40	60
	Grey clay	60	80
	Red clay	80	124
	Sandy Grey clay	124	128
	Sand Rock - water 3 g.p.m.	128	138
	Grey clay	138	144
	Sand Rock - water 7 g.p.m.	144	146
	Grey clay sandy	146	148
	Sand Rock - water H.F.W	148	157
	Grey clay	157	158
	T.D. - 158 ft.		
	Tested 35 g.p.m. @ 80 ft.		

X Screen: Manufacturer X.M.
Type slot Dia. 5 1/2
Slot/gauze 1/8 Length 24 DB.
Set between 14 1/2 ft. and 158 ft.
Fittings: collar
Gravel pack Yes No Size range of material #

9 Static water level: 77 ft. below land surface Date 2-28-76

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

11 Water sample submitted:
 Yes No Date ___

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 400 Direction SW 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
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 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.
Robert Burrows License No. 157
Business address Hollywood, Mo
Address Hollywood, Mo
Signed Robert Burrows Date 3-11-76
Authorized representative

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

Form WWC-5

15-10-M-36 NW-NW-SW