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

Wes Kan

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

1 Location of well:	County	Township name	Section	Section number	Town number	Range number
	WALLACE	Stockholm ~~Weskan~~	NW 1/4 NE 1/4	3	15	42 ~~W~~

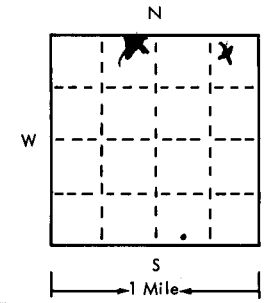
Distance and direction from nearest town or city: 6 South & 1/2 West of Weskan Kans

Street address of well location if in city:

3 Owner of well: Lawerence Purris

Address: Weskan, Kans.

Locate with "X" in section below:



Sketch map:

100'S of N Line } NE NE
900'W of E Line } ??
NW 1/4 NE 1/4 of 3-15-42

4 Well depth: 232 ft. Date of completion 5-26
Well diameter 5 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 ☐

7 Casing: Material PL Threaded ☐ Welded ☒
Diam. 0 in. to 212 ft. depth
212 in. to 232 ft. depth
Height: above/below Surface ___ in.
Weight ___ lbs./ft.
Drive shoe? ☐ Yes ☐ No

2

Type and color of material	From	To
Soil Clay & Sand	0	31
Clay & Sand	31	91
Sand & Clay & Rock strata	91	151
Sand & Clay & Sandy Clay	151	190
Sand fine to Coarse & Clay strata	190	226
Yellow & Blue Shale	226	232
Bedrock 226'		
(use a second sheet if needed)		

8 Screen:
Manufacturer J & L
Type Plastic Dia. 5"
Slot/gauze Slot Length 20'
Set between 232 ft. and 212 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material N/A

9 Static water level:
190 ft. below land surface Date 5-27

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 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 5 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 200 Direction S Type Sewer
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Goulds
Model number ___ HP 1 Volts 230
Length of drop pipe 220 ft. capacity 12 g.m.p.
Type:
☒ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
3858 Topo Tpm
Topography:
☒ Hill
☐ Slope
☐ Upland
☐ Valley

3858
226
3632

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.
Bill Husband 195
Business name License No.
Address Box 176 Weskan
Signed Bill Husband Date 6-26-77
Authorized representative

15 42 W 3 NWNE

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

Form WWC-5