

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 <i>Osawatomie</i>	Township name <i>Trowali</i>	Fraction <i>S 1/4 S 1/4 N E 1/4</i>	Section number <i>12</i>	Town number <i>17</i>	Range number <i>7</i>
Distance and direction from nearest town or city: <i>4 1/2 N of Crawford</i>				3 Owner of well: <i>William Belmont Brock</i>			
Street address of well location if in city:				Address: <i>Kansas Kansas</i>			
Locate with "X" in section below:		Sketch map:					
		4 Well depth: <i>20</i> ft. Date of completion <i>8-20-75</i> Well diameter <i>7</i> in. 5 <input checked="" 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 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 <input type="checkbox"/> _____ 7 Casing: Material <i>Plastic</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>4</i> in. Diam. <i>5 1/2</i> in. to <i>20</i> 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:	
		<i>Surface</i>		<i>0</i>	<i>2</i>	Manufacturer <i>H.M.</i> Type <i>Blind</i> Dia. <i>5 1/2</i> Slot/gauze <i>7/8</i> Length <i>18 ft</i> Set between <i>62</i> ft. and <i>80</i> ft. Fittings: <i>collar</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4</i>	
		<i>Brown Clay</i>		<i>2</i>	<i>21</i>	9 Static water level: <i>57</i> ft. below land surface Date <i>8-21-75</i>	
		<i>Sand Rock</i>		<i>21</i>	<i>24</i>	10 Pumping level below land surfaces: <i>NA</i> ft. after _____ hrs. pumping _____ g.p.m. <i>NA</i> ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
		<i>Sandy Clay</i>		<i>24</i>	<i>55</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		<i>Sand Rock</i>		<i>55</i>	<i>57</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		<i>Sandy Gray clay</i>		<i>57</i>	<i>60</i>	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>5</i> ft. to <i>15</i> ft.	
		<i>Sand Rock + (water)</i>		<i>60</i>	<i>80</i>	14 Nearest source of possible contamination: ft. <i>1000</i> Direction <i>S</i> Type <i>road</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<i>T.D. - 80 ft.</i>				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	
		<i>Tested 4.5 g.p.m. @ 68 ft.</i>				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. <i>Berkley Burrows</i> <i>157</i> Business name _____ License No. _____ Address <i>Osawatomie Kansas</i> Signed <i>William Belmont Brock</i> Date <i>10-9-75</i> Authorized representative	
16 Remarks: elevation		(use a second sheet if needed)					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

17 7 W 12 S W S W N E

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

Form WWC-5