

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: <u>Clayton</u>	Township name: <u>Thomas</u>	Fraction: <u>SW 1/4 SW 1/4 NW 1/4</u>	Section number: <u>27</u>	Town number: <u>17</u>	Range number: <u>8</u>																								
Distance and direction from nearest town or city: Street address of well location if in city: <u>2 1/2 W-2 N-Geneseo</u>				3 Owner of well: <u>Walter Hobbs</u> Address: <u>Geneseo Kansas</u>																										
Locate with "X" in section below: N W X E S 1 Mile				Sketch map:																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Surface</u></td> <td><u>0</u></td> <td><u>2</u></td> </tr> <tr> <td><u>Brown clay</u></td> <td><u>2</u></td> <td><u>11</u></td> </tr> <tr> <td><u>laminar Rock</u></td> <td><u>11</u></td> <td><u>66</u></td> </tr> <tr> <td><u>laminar Rock - water</u></td> <td><u>66</u></td> <td><u>88</u></td> </tr> <tr> <td colspan="3" style="text-align:center;"><u>T.D - 88 ft.</u></td> </tr> <tr> <td colspan="3" style="text-align:center;"><u>Tested - 4.5 A.P.M @ 65 ft.</u></td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>				2 Type and color of material	From	To	<u>Surface</u>	<u>0</u>	<u>2</u>	<u>Brown clay</u>	<u>2</u>	<u>11</u>	<u>laminar Rock</u>	<u>11</u>	<u>66</u>	<u>laminar Rock - water</u>	<u>66</u>	<u>88</u>	<u>T.D - 88 ft.</u>			<u>Tested - 4.5 A.P.M @ 65 ft.</u>			(use a second sheet if needed)			4 Well depth: <u>88</u> ft. Date of completion: <u>1-30-76</u> Well diameter: <u>7</u> in.		
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				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																														
7 Casing: Material: <u>Plastic</u> Height: <u>above</u> below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. <u>5 1/2</u> in. Weight <u>2</u> lbs./ft. <u>1</u> 5 1/2 in. to <u>88</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
8 Screen: Manufacturer: <u>H.M.</u> Type: <u>slot</u> Dia. <u>5 1/2</u> Slot/gauze <u>68</u> Length <u>20</u> Set between <u>68</u> ft. and <u>88</u> ft. Fittings: <u>collar</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4</u>																														
9 Static water level: <u>64</u> ft. below land surface Date <u>1-30-76</u>																														
10 Pumping level below land surfaces: <u>NR</u> ft. after ___ hrs. pumping ___ g.p.m. <u>NR</u> ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ 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 <input type="checkbox"/> 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 <u>0</u> ft. to <u>10</u> ft.																														
14 Nearest source of possible contamination: <u>dewer</u> ft. <u>70</u> Direction <u>E</u> Type <u>dewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Bobby Burman</u> 157 Business name License No. Address <u>Walter Hobbs</u> Signed <u>Walter Burman</u> Date <u>3-11-76</u> Authorized representative																										

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

Form WWC-5

17 - 8 W - 27 SW - SW - NW