

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

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County <u>Rice</u> Fraction <u>1/4 NE</u> Section number <u>29</u> Township number <u>T 18 S R 9</u> Range number <u>9</u> E 10	
2. Distance and direction from nearest town or city: <u>7 N 1 E 1/2 N of Chase</u> Street address of well location if in city:	
3. Owner of well: <u>Arvey Matis</u> R.R. or street: City, state, zip code: <u>Buiston, Ks.</u>	
4. Locate with "X" in section below: Sketch map:	
5. Type and color of material	
	From To
<u>Top Soil</u>	<u>0</u> <u>3</u>
<u>Clay</u>	<u>3</u> <u>42</u>
<u>Clay & fine sand</u>	<u>42</u> <u>50</u>
<u>Clay</u>	<u>50</u> <u>75</u>
<u>Sand rock little Clay</u>	<u>75</u> <u>92</u>
<u>Clay</u>	<u>92</u> <u>96</u>
<u>Good sand rock</u>	<u>96</u> <u>152</u>
<u>Shale</u>	<u>152</u> <u>180</u>
<u>Iron pitte</u>	<u>180</u> <u>182</u>
<u>thrd shale with perrite</u>	<u>182</u> <u>190</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>29</u> in. Completion date <u>4-14-76</u> Well depth <u>150</u> ft.	7. <input type="checkbox"/> Cable tool <input checked="" 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
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>Steel</u> Height: <u>Above or below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>16</u> in. to <u>150</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>7</u>	
10. Screen: Manufacturer's name <u>Doeris</u> Type <u>steel</u> Dia. <u>16</u> Slot/gauge <u>3/16</u> Length <u>52</u> Set between <u>98</u> ft. and <u>150</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>	
11. Static water level: _____ mo./day/yr. <u>24</u> ft. below land surface Date <u>1-22-76</u>	
12. Pumping level below land surfaces: <u>21</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>600</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>1-24-76</u>	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>14</u> Direction <u>E</u> Type <u>Correl</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ Not installed Manufacturer's name <u>WLR</u> Model number <u>7CHC 10</u> HP <u>50</u> Volts _____ Length of drop pipe <u>135</u> ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	20. 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>Rosenkrantz - Bemis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Fredia Dodson</u> Date <u>9/24/76</u> Authorized representative

T 18 S R 9 E 29 Sec 1/4 1/4 1/4