

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>NESS</u>	Township name <u>FRANKLIN SW 1/4</u>	Fraction <u>1/4</u>	Section number <u>13</u>	Town number <u>19</u>	Range number <u>24</u>
Distance and direction from nearest town or city: <u>4 MI SOUTH + 1 MILE WEST FROM NESS CITY</u>				3 Owner of well: <u>DAVE HARRIS</u>		
Street address of well location if in city: <u>NESS CITY KANSAS</u>				Address: <u>NESS CITY KANSAS</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>36</u> ft. Date of completion <u>2-24-76</u>		
				Well diameter <u>5</u> in.		
				5 <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		
				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 <u>STEEL</u> Weight <u>above/below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>26</u> 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:		
<u>TOPSOIL</u>		<u>0</u>	<u>8</u>	Manufacturer <u>JTL</u>		
<u>BROWN CLAY</u>		<u>8</u>	<u>26</u>	Type <u>STYRENE</u> Dia. <u>5"</u>		
<u>FINE SAND</u>		<u>26</u>	<u>32</u>	Slot/gauze <u>1/4</u> Length <u>10'</u>		
<u>BLACK SHALE</u>		<u>32</u>	<u>40</u>	Set between <u>36</u> ft. and <u>36</u> ft. _____		
				Fittings:		
				Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4" Penn</u>		
				9 Static water level:		
				<u>26</u> ft. below land surface Date <u>2-24-76</u>		
				10 Pumping level below land surfaces:		
				<u>28</u> ft. after <u>2</u> hrs. pumping <u>12</u> g.p.m.		
				_____ ft. after _____ hrs. pumping _____ g.p.m.		
				Estimated maximum yield <u>75</u> g.p.m.		
				11 Water sample submitted:		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion:		
				<input checked="" type="checkbox"/> Pitless adapter <u>2</u> 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>4</u> ft. to <u>14</u> ft.		
				14 Nearest source of possible contamination:		
				<u>24 SW</u> Direction <u>SW</u> Type <u>CORRAL</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump:		
				<input type="checkbox"/> Not installed		
				Manufacturer's name <u>REDA</u>		
				Model number <u>909057P</u> <u>12</u> Volts <u>230</u>		
				Length of drop pipe <u>32</u> ft. capacity <u>12</u> g.m.p.		
				Type:		
				<input checked="" 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		17 Water well contractor's certification:				
Topography:		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
<input type="checkbox"/> Hill		<u>DEAN WATERHOUSE DALLAS</u>				
<input type="checkbox"/> Slope		Business name _____ License No. _____				
<input type="checkbox"/> Upland		Address <u>HONSTON KANSAS</u>				
<input checked="" type="checkbox"/> Valley		Signed <u>Dean Waterhouse</u> Date <u>2-24-76</u>				

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

Form WWC-5

19 24W 13 245 SW