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: Rice	Township name: Union	Fraction: SE¼ SW¼	Section number: 20	Town number: 19 S	Range number: 6 W

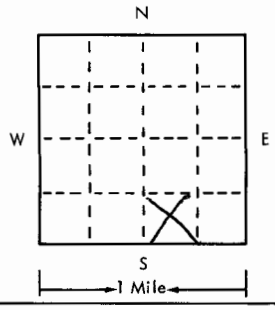
Distance and direction from nearest town or city: 1 mile S and 1 mile E of Little River Kans.

Street address of well location if in city:

3 Owner of well: Mrs Ray Smith

Address: Little River Kans R.1

Locate with "X" in section below:



Sketch map:

4 Well depth: 38 ft. Date of completion 8-13-75
Well diameter 7 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 ☐ Stock - Household

7 Casing: Material Plast Height: above/below ~~12 in~~
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 6 in. to 38 ft. depth Weight 4 lbs./ft. 1
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Black soil	1	5
Clay	5	20
Sand and clay	20	25
Lime Rock	25	35
Blue shale	35	38
(use a second sheet if needed)		

8 Screen:
Manufacturer certerteed
Type Plastic PVC Dia. 6 in.
Slot/gauze 36 Length 18 ft
Set between 20 ft. and 38 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼

9 Static water level:
10 ft. below land surface Date 8-13-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 25 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date 8-13-75

12 Well head completion: 12 in.
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 50 Direction East West Type Plugged
Well disinfected upon completion? ☒ Yes ☐ No

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

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ 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.
Arthur Varney 147
Business name License No.
Address Lyons Kans. R.1
Signed Arthur Varney Date 8-13-75
Authorized representative

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

Form WWC-5