

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 NESS	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 24	Township number T 20	Range number S R 23 E/W
2. Distance and direction from nearest town or city: 7 1/2 MI. SOUTH 5 MI. EAST FROM NESS CITY, KANSAS Street address of well location if in city:			3. Owner of well: MELVIN WHITLEY R.R. or street: 418 N IOWA AV. City, state, zip code: NESS CITY KANSAS 67560		
4. Locate with "X" in section below:		Sketch map:			
5. Type and color of material		From	To		6. Bore hole dia. <u>5</u> in. Completion date <u>20</u> Well depth <u>65</u> ft. <u>DEC. 1977</u>
BLACK TOPSOIL		0	4		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
BROWN CLAY		4	26		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
BLUE CLAY		26	55		9. Casing: Material _____ Height: Above ground _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>55</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>SCH. 40</u>
SAND GOOD GETS MORE COURSE WITH DEPTH		55	58		10. Screen: Manufacturer's name _____ SOLD BY PUMPCO Type <u>PVC</u> Dia. <u>5"</u> Slot/gouze <u>1/16"</u> Length <u>10</u> Set between <u>55</u> ft. and <u>65</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>#1</u>
BLACK SHALE		58	65		11. Static water level: _____ mo./day/yr. <u>40 1/8'</u> below land surface Date <u>19-12-77</u>
					12. Pumping level below land surfaces: <u>114 1/2'</u> ft. at <u>1</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>80</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>22</u> inches above grade
					15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>10</u> ft. to <u>11</u> ft.
					16. Nearest source of possible contamination: <u>LAWNEE</u> <u>870</u> Direction <u>SOUTH</u> Type <u>CREEK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <u>SEE 19</u> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe <u>54</u> ft. capacity _____ g.p.m. 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
					(Use a second sheet if needed)
18. Elevation:	19. Remarks: 8 FT. AEROMOTOR WINDMILL AND 3" CYLINDER.		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. MEAN WATERHOUSE DRILLING 243 Business name _____ License No. _____ Address HANSTON, KANSAS Signed <u>Mean Waterhouse</u> Date <u>12-25-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5