

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 <b>MISSOURI</b>		Fraction <b>NE SE SE</b> 1/4 1/4 1/4		Section number <b>33</b>	Township number T <b>20</b> S R <b>23</b> E <b>(N)</b>	Range number
2. Distance and direction from nearest town or city: <b>1 1/2 SOUTH AND 1 1/2 MILE EAST FROM NESS CITY</b>				3. Owner of well: <b>FRUSHER + FRUSHER</b> R.R. or street: <b>NESS CITY, KANSAS</b> City, state, zip code: <b>67560</b>		
4. Locate with "X" in section below: Sketch map: N 1 Mile W E S 1 Mile				6. Bore hole dia. <b>7 1/2</b> in. Completion date <b>10 Jan 74</b> Well depth <b>205</b> ft.		
5. Type and color of material				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 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		
From To				9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>1 1/2</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>170</b> lbs./ft. Dia. <b>3</b> in. to <b>175</b> ft. depth Well Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>SEA 40</b>		
				10. Screen: Manufacturer's name _____ Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>30</b> Set between <b>175</b> ft. and <b>205</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <b>#1</b>		
BROWN CLAY				0	22	11. Static water level: _____ mo./day/yr. <b>75</b> ft. below land surface Date <b>10 JAN 74</b>
YELLOW CLAY				22	28	12. Pumping level below land surfaces: <b>84</b> ft. after <b>12</b> hrs. pumping <b>30</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>100</b> g.p.m.
BLACK CLAY				28	30	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
BLACK SHALE				30	55	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> inches above grade
BLUE SHALE				55	60	15. Well grouted? <input checked="" type="checkbox"/> YES With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>4</b> ft. to <b>16</b> ft.
<del>FIRE CLAY</del>				<del>60</del>	<del>90</del>	16. Nearest source of possible contamination: <b>PITSILO</b> ft. <b>75</b> Direction <b>SW</b> Type <b>PITSILO</b> Well disinfected upon completion? _____ Yes _____ No
BLUE GREY SHALE				60	90	17. Pump: _____ Not installed Manufacturer's name <b>READ</b> Model number <b>1209200</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>126</b> ft. capacity <b>12</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
FIRE CLAY				90	130	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. <b>DEAN WATERHOUSE PRIG</b> Business name _____ License No. _____ Address <b>HANSTON KANSAS</b> Signed <b>Dean Waterhouse</b> Date <b>19 Jan 74</b> Authorized representative
SANDSTONE TIGHT IN SPOTS				130	164	21. (Use a second sheet if needed)
GOOD SOFT COURSE CLAY				164	205	
SANDSTONE						
BLUE SHALE				205	210	
18. Elevation: _____		19. Remarks: _____		22. _____		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				23. _____		

T 20 R 23 E S 33 NE SE SE 1/4 1/4 1/4

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

Form WWC-5