

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:		County: <u>HARVEY</u>	Township name: <u>EMMA</u>	Fraction: <u>SW 1/4 SE 1/4</u>	Section number: <u>15</u>	Town number: <u>22</u>	Range number: <u>1-W</u>
Distance and direction from nearest town or city: <u>1 1/2 E OF SALE</u> <u>BARN HESSTON KS</u>				3 Owner of well: <u>DOUG STUTZMAN</u> Address: <u>HESSTON KANS</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>54</u> ft. Date of completion: <u>12-1-75</u> Well diameter: <u>10</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			
2		Type and color of material		From	To	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"/>	
		<u>CLAY</u>		<u>1</u>	<u>13</u>	7 Casing: Material <u>P175</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Diam. <u>5</u> in. to <u>54</u> ft. depth Weight <u>1 1/2</u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<u>SAND FINE WITH BROWN CLAY</u>		<u>13</u>	<u>20</u>	8 Screen: Manufacturer <u>J & L</u> Type <u>200</u> Dia. <u>5 in</u> Slot/gauze <u>1/16</u> Length <u>34</u> Set between <u>25</u> ft. and <u>54</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u>	
		<u>SAND FINE TO COARSE</u>		<u>20</u>	<u>30</u>	9 Static water level: <u>10</u> ft. below land surface Date <u>12-1-75</u>	
		<u>SHALE GRAY</u>		<u>30</u>	<u>54</u>	10 Pumping level below land surfaces: <u>40</u> ft. after <u>8</u> hrs. pumping <u>37</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>37</u> g.p.m.	
						11 Water sample submitted: <u>BY OWNER</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ____	
						12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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>3</u> ft. to <u>13</u> ft.	
						14 Nearest source of possible contamination: ft. <u>500</u> Direction <u>W</u> Type <u>creek</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>pump co</u> Model number ____ HP <u>2</u> Volts <u>230</u> Length of drop pipe <u>45</u> ft. capacity <u>38</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		(use a second sheet if needed)		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. <u>D. R. Russell</u> <u>211</u> Business name <u>4284 3rd</u> License No. <u>1-19-76</u> Address <u>4284 3rd</u> Signed <u>William Williams</u> Date <u>1-19-76</u> Authorized representative			
		4x4. Slab found & fitted a adapter installed above slab at 3 1/2 ft below ground					

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

Form WWC-5