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

WATER WELL RECORD KSA 82a-1201-1215

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T	R	EW	sec 1/4 1/4 1/4 No	٠.

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

1 1	County	Township name	Fraction		Section number		r	Town number	Range number			
1 Location of well:		Valley Center	CNW	10		T23S		R1.5W				
	Distance and direction from nearest town or city: 3 Owner of well:											
7½ mi. East of Zook, Kansas Irma Smith Street address of well location if in city: Address:												
Locate with "X" in section below: Sketch map:					4 Well depth: 82 Well diameter 2				te of completion $5-7-7$	5		
X					5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse ro							
W							6 Use: Domestic Public supply Industry Industry Commercial Commercial					
S						7 Casing: Materia Steel Height: \$\frac{1}{2}\text{ in.}\$ Threaded \tag{ Weight 30.3 lbs./ft.}						
2	2 Type and color of material From						Diam. Weight 30.3 lbs./ft 16 in. to 42 ft. depth Drive shoe? ☐ Yes ☑ No in. to ft. depth					
Top soil					0	3	8 Screen: Manufacturer W. A. Brown Type Double-slot Dia. 16" Slov gauze 1/8 Length 40" Set between 42 ft. and 82 ft.					
Brown & gray clay & sand streaks					3	30						
Sand & cla	y streaks				30	41_	Fittings: 3/8-2 Gravel pack X Yes No Size range of material					
Sand, grav	el & thin clay	y streaks			41	53	j y Stati	c water level: ft. below land surface				
Sand & gra	vel				53	81	10 Pumping level below land surfaces: N/C —— ft. after —— hrs. pumping —— g.p.m.					
Brown clay & limestone					81	82	ft. afterhrs. pumpingg.p.m. Estimated maximum yieldg.p.m.					
	V 1874 - 1						11 Wate	er sample submitted: 'es 🔀 No Date				
	3944							head completion: Pitless adapter 12	Inches above grade			
							₩.	grouted? X Yes Neat cement Bentonite h: From ft. to	No			
							14 Ned	IONE KNOWN le cont	amination:			
							ft Well	Direction disinfected upon completi	on? Yes X No			
							15 Pump Man	ufacturer's name	Not installed			
								el number HP th of drop pipe ft.	capacity g.m.p.			
							Type	_	Turbine			
	(use	a second sheet if needed)						Jet Certrifugal	Reciprocating Other			
16 Remarks: elevati	on							er well contractor's certific well was drilled under my j				
Topography:								t is true to the best of my Ce Well & Fa.	· ·			
☐ Hill ☐ Slope								ess name	License No.			
Upland Valley							Signed Authorized representative					

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

Form WWC-5