

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

2316W 24C SE NW
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 Pawnee	Township name C-SE-SE-NW	Fraction 24	Section number 235	Town number 16W	Range number
Distance and direction from nearest town or city: Smith 3 1/2 east			3 Owner of well: Starting Drilling Co			
Street address of well location if in city: of Zook			Address: Starting Drilling Co Zook #1			
Locate with "X" in section below:		Sketch map:		4 Well depth: 70 ft. Date of completion: 4-20-75		
				Well diameter: 7 1/2 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		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Oil Field - Hot Supply		
				7 Casing: Material: Plastic Weight: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 4" RMP Weight 125 lbs./ft. 100 <input checked="" type="checkbox"/> in. to 70 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth		
2		Type and color of material		From	To	8 Screen:
		Sandy Clay		0	20	Manufacturer: Jess & Lowell
		Sand		20	45	Type: APM Dia. 4
		Gravel		45	70	1/8" Slit gauze Hot Length 10
						Set between 60 ft. and 70 ft.
						Fittings:
						Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 8/16
						9 Static water level:
						16 ft. below land surface Date 4-20-75
						10 Pumping level below land surfaces:
						____ ft. after ____ hrs. pumping ____ g.p.m.
						____ ft. after ____ hrs. pumping ____ g.p.m.
						Estimated maximum yield ____ g.p.m.
						11 Water sample submitted:
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
						12 Well head completion:
						<input type="checkbox"/> Pitless adapter 12 <input type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____
						Depth: From 0 ft. to 10 ft.
						14 Nearest source of possible contamination: Salt water
						ft. 100 Direction east Type water
						Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump:
						<input checked="" type="checkbox"/> Not installed
						Manufacturer's name _____
						Model number _____ HP _____ Volts _____
						Length of drop pipe _____ ft. capacity _____ g.m.p.
						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
16 Remarks: elevation						17 Water well contractor's certification:
Topography:						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
<input type="checkbox"/> Hill						Myers Water Well 143
<input checked="" type="checkbox"/> Slope						Business name _____ License No. _____
<input type="checkbox"/> Upland						Address Short Bend Ks
<input type="checkbox"/> Valley						Signature Charles Myers Date 4-20-75
						Authorized representative

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

Form WWC-5

2316W 24C SE NW