

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

23S 5W 25 NE 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 <u>Reno</u>	Township name <u>Reno</u>	Fraction <u>NE 1/4 NW 1/4</u>	Section number <u>25</u>	Town number <u>23S</u>	Range number <u>5W</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>Wesley M. Wills</u>		
Street address of well location if in city: <u>316 E. A</u>				Address: <u>316 E.A So. Hutchinson, Ks.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>30</u> ft. Date of completion <u>6-1</u> Well diameter <u>9</u> in. <u>76</u>		
				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 type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material <u>RMB</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diagn. _____ Weight _____ lbs./ft. _____ <u>6</u> in. to <u>30</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
2 Type and color of material				8 Screen:		
Top Soil				Manufacturer <u>Jesse &amp; Lowe</u>		
Tan Clay				Type <u>RMB</u> Dia. <u>6"</u>		
Fine Sand				Slot/gauze <u>17/16"</u> Length <u>10'</u>		
Coarse Gravel				Set between <u>20</u> ft. and <u>30</u> ft.		
				Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____		
				9 Static water level: <u>8</u> ft. below land surface Date <u>6-1-7</u>		
				10 Pumping level below land surfaces: <u>8</u> ft. after <u>3</u> hrs. pumping <u>850</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>200</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>12</u> <input type="checkbox"/> Pitless adapter <input checked="" 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 _____ Depth: From <u>10</u> ft. to <u>0</u> ft.		
				14 Nearest source of possible contamination: <u>None</u> ft. <u>30</u> Direction <u>West</u> Type <u>sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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 <u>Dirt Slopping from Well Customer is going to slab any way</u>		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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>McLean Drlg. Co. 227</u> Business name _____ License No. _____ Address <u>RR3 Hutchinson</u> Signed _____ Date <u>6-1-7</u> Authorized representative _____ <u>1976</u>		

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