

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

T R EW sec 1/4 1/4 1/4 No. 24 5 6 W NE 1

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>Edwards</u>	Township name <u>BELPRE</u>	Fraction <u>NW NE 1/4</u>	Section number <u>1</u>	Town number <u>24</u>	Range number <u>16</u>																								
Distance and direction from nearest town or city: <u>7 mi. NE BELPRE, KS.</u>			3 Owner of well: <u>VERNON HAMMEKE</u> Address: <u>ELLINWOOD, KS.</u>																											
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>90'</u> X Date of completion <u>1-3-75</u> Well diameter <u>5</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																										
				6 Use: <input 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 checked="" type="checkbox"/> Test well <input type="checkbox"/>																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>Top soil</u></td> <td><u>0</u></td> <td><u>3</u></td> </tr> <tr> <td><u>Sandy clay + sand</u></td> <td><u>3</u></td> <td><u>24</u></td> </tr> <tr> <td><u>Brown + gray clay</u></td> <td><u>24</u></td> <td><u>42</u></td> </tr> <tr> <td><u>Sand + gravel</u></td> <td><u>42</u></td> <td><u>78</u></td> </tr> <tr> <td><u>Sand, gravel + cemented streaks</u></td> <td><u>78</u></td> <td><u>85</u></td> </tr> <tr> <td><u>Brown clay + limestone</u></td> <td><u>85</u></td> <td><u>90</u></td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>		2 Type and color of material	From	To	<u>Top soil</u>	<u>0</u>	<u>3</u>	<u>Sandy clay + sand</u>	<u>3</u>	<u>24</u>	<u>Brown + gray clay</u>	<u>24</u>	<u>42</u>	<u>Sand + gravel</u>	<u>42</u>	<u>78</u>	<u>Sand, gravel + cemented streaks</u>	<u>78</u>	<u>85</u>	<u>Brown clay + limestone</u>	<u>85</u>	<u>90</u>	(use a second sheet if needed)					7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>75</u> Weight _____ lbs./ft. _____ <u>0</u> in. to <u>0</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
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8 Screen: Manufacturer <u>SHOP MADE</u> Type <u>PLASTIC</u> Dia. <u>2"</u> Slot/gauze <u>1/8"</u> Length <u>10</u> Set between <u>25</u> ft. and <u>25</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																														
9 Static water level: <u>15 1/2</u> ft. below land surface Date <u>1-3-75</u>																														
10 Pumping level below land surfaces: <u>N/A</u> _____ 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: <u>N/A</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																														
13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																														
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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>CLARKE WELL & EQ, INC. 185</u> Business name _____ License No. _____ Address <u>GREAT BEND KS.</u> Signed <u>Dwight Schaefer</u> Date <u>1-30-75</u> Authorized representative																											