

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

24 35 W 11 S 5 W W
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 Kearny	Township name	Fraction SWSWNW	Section number 11	Town number 24S	Range number 35W
Distance and direction from nearest town or city: Deerfield			3 Owner of well: N.S. Bird			
Street address of well location if in city: 1 Block E. of N. side Paulman			Address: Deerfield, Ks.			
Locate with "X" in section below: N W X E S 1 Mile		Sketch map:		4 Well depth: 255 ft. Date of completion 5/28/75 Well diameter 9 1/4 in. 9/29/75		
				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 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"/>		
				7 Casing: Material RPM Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 13 in. Diam. Weight 320 lbs./ft. 5 in. to 255 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2		Type and color of material		From		To
		Top Soil		0		7
		Brown clay (Hardst)		7		12
		Brown Sandy Clay		12		21
		Brown Clay (Sticky)		21		30
		Course gravel (loose)		30		50
		Brown Sandy clay (small hard streak)		50		80
		Fine to med sand & gravel (loose)		80		90
		Brown clay (Sticky)		90		111
		Brown clay (Sticky)		115		115
		Rock		115		116
		Brown clay (Sticky) & Blue clay		116		140
		Brown clay (Sticky)		140		173
		Fine sand (streak clay)		173		180
		Brown clay		180		185
		Fine to med sand & gravel		185		188
		(use a second sheet if needed)				
16 Remarks: elevation			well is 2 ft. from well pit. Cement slab also.			
Topography: <input type="checkbox"/> Hill <input checked="" 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. JON RAN DRINKS 172 Business name License No. Address Garden City, Ks. Signed Monty [unclear] Date 7/4/75 Authorized representative			

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

Form WWC-5

24 35 W 11 S 5 W W

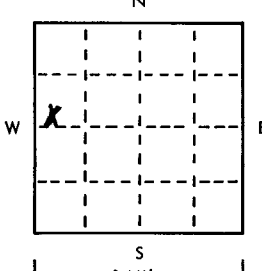
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(cont)

1 Location of well:	County <i>Keosau</i>	Township name	Fraction <i>SWSW NW</i>	Section number <i>11</i>	Town number <i>24S</i>	Range number <i>35W</i>
Distance and direction from nearest town or city:			3 Owner of well:			
Street address of well location if in city: <i>181/2 E of N Side</i>			Address: <i>W.S. Bird Deerfield, Mo.</i>			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:			4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input 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 type="checkbox"/> Test well <input type="checkbox"/> _____	
					7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
					8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
					9 Static water level: _____ ft. below land surface Date _____	
		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 type="checkbox"/> No Date _____				
		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade				
		13 Well grouted? <input type="checkbox"/> Yes <input 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 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)			

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