

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

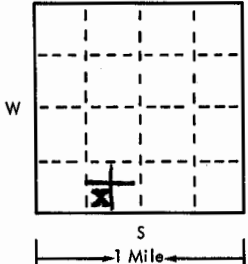
OFFERLE NW

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

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

CDC

1 Location of well:	County Ford	Township name Spearville	Fraction sw 1/4 SE SW	Section number 4	Town number 25	Range number 22 W																																								
Distance and direction from nearest town or city: 3 Miles north 1/3 mile east of Spearville, Kansas				3 Owner of well: J. Frank Mages Address: Rt. 1 Spearville, Kansas																																										
Locate with "X" in section below: 				Sketch map:																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">2</td> <td style="width:45%;">Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> </tr> <tr> <td></td> <td>Surface</td> <td>0</td> <td>3</td> </tr> <tr> <td></td> <td>Clay and sand layers</td> <td>3</td> <td>40</td> </tr> <tr> <td></td> <td>Clay mixed with sand and gravel</td> <td>40</td> <td>50</td> </tr> <tr> <td></td> <td>Good flint gravel medium</td> <td>50</td> <td>65</td> </tr> <tr> <td></td> <td>BROCK</td> <td>65'</td> <td></td> </tr> <tr> <td></td> <td></td> <td>40</td> <td></td> </tr> <tr> <td></td> <td></td> <td>25's at truck</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				2	Type and color of material	From	To		Surface	0	3		Clay and sand layers	3	40		Clay mixed with sand and gravel	40	50		Good flint gravel medium	50	65		BROCK	65'				40				25's at truck										4 Well depth: 65 ft. Date of completion 11-10-75 Well diameter 5 in.		
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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 type="checkbox"/> Test well <input checked="" type="checkbox"/> Stock well																																														
7 Casing: Material plastic Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight 1.8 lbs./ft. _____ 5 in. to 65 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																																														
8 Screen: 20' screen Manufacturer superior Type 15% Dia. 5" Slot/gauze 1/16 Length 20' Set between 45 ft. and 65 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8																																														
9 Static water level: 40 ft. below land surface Date 11-10-75																																														
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 <input 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 <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.																																														
14 Nearest source of possible contamination: no ft. _____ Direction _____ Type _____ 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.p.m. 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 checked="" type="checkbox"/> Upland TOPU <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. Hodde Drilling Co. 302 Business name _____ License No. _____ Address Rt. 1 Dodge City, Ks Signed [Signature] Date 11-18-75 Authorized representative																																														

25 22W 4 SUSE SW

2402
65
2337V