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

SPEARVILLE

WATER WELL RECORD
KSA 82a-1201-1215

BDD

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Ford	SE 1/4 SE 1/4 NW 1/4	20	T 25 S	R 23 E (W)

2. Distance and direction from nearest town or city: 6½W, ½N and ½E of Spearville
Street address of well location if in city:

3. Owner of well: Glenn Helfrich
R.R. or street:
City, state, zip code: Spearville, Kansas 67876

4. Locate with "X" in section below: Sketch map:

N
NW NE
W X E
SW SE
S
1 Mile ← → 1 Mile

6. Bore hole dia. 7⅞ in. Completion date
Well depth 75 ft. 9-26-78

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above ~~or below~~
Threaded ___ Welded ___ Surface 24 in.
RMP ___ PVC ___ Weight 2.77 lbs./ft.
Dia. 5 in. to 75 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .258

5. Type and color of material	From	To
Top Soil	0	7
Fine Sand	7	13
Blue Clay & black clay	13	57
Dakota sand-med. sand-yellow clay streaks	57	73
Blue Clay & red clay	73	80
KRUK 13'		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Pumpco
Type ___ Dia. ___
Slot/gauze fine/.20 Length 40'
Set between 35 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material

11. Static water level: mo./day/yr.
50 ft. below land surface Date 9-21-78

12. 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.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 24 Inches above grade

15. Well grouted? Yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 15 Direction NW Type Old Well
Well disinfected upon completion? X Yes __ No

17. Pump: __ Not installed
Manufacturer's name Aermotor
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity 3 g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal 8' Rebuilt __ Other Mill

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks: 2394 (TOP) 13 / 1383

20. 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.
Friesen Windmill 252
Business name License No.
Address Meade, Kansas 67864
Signed [signature] Date 11-21-78
Authorized representative

25 23 20 SESENW
T R (W) Sec 1/4 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5