

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

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 Southside	Fraction SW of NE 1/4	Section number 6	Town number T S 25	Range number R W 35
Distance and direction from nearest town or city: 4 miles South 3 miles west of Deerfield, Ks. Street address of well location if in city:				3 Owner of well: Guy & Priesser - L. B. Roderick Address: Garden City, Ks.		
Locate with "X" in section below:		Sketch map:		4 Well depth: 275 ft. Date of completion 1-3-75 Well diameter 26 in.		
				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 checked="" 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		
2		Type and color of material		From To		7 Casing: Material Stl. Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 10 in. to 270 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						8 Screen: No screen used. Manufacturer _____ Type _____ Dia. _____ Slot/_____ Length _____ Set between _____ ft. and _____ ft. _____ Perforations: 110-275 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/2" down
Clay & sand				0 3		9 Static water level: 46 ft. below land surface Date 12-15-74
Med. to coarse Gravel				3 38		10 Pumping level below land surfaces: 115 ft. after 3 hrs. pumping 1200 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1200 g.p.m.
Brown Clay				38 80		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Fine to med. sand & gravel (Loose)				80 87		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade
Brown clay				87 110		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay Puddled Depth: From 0 ft. to 10 ft.
Fine to med. sand & fine gravel 10% clay (Loose)				110 137		14 Nearest source of possible contamination: N/A ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fine to med. sand & gravel (Loose)				137 150		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FMC-Pearless Model number 3029 HP 100 Volts _____ Length of drop pipe 160 ft. capacity 600 g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
Brown Clay				150 172		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. Minter-Wilson Drilling. 200 Business name _____ License No. _____ Address Box 493 Garden City, Ks. Signed Shane DeWay Date 3-17-75 Authorized representative
Fine to med. sand & gravel 15% clay (Loose)				172 183		
Fine to med. sand & gravel (Loose)				183 232		
Brown sandy clay with streaks of white rock (Tight)				232 255		
Fine to med. sand & fine gravel 10% clay (Loose)				255 260		
Fine to med. sand & gravel (Loose)				260 275		
Brown sandy clay & white rock (Tight)				275 292		
Brown, gray & Yellow clay (Hard)				292 305		
(use a second sheet if needed)						
16 Remarks: elevation Located near center of quarter Section Good Well Topography: <input type="checkbox"/> Hill No Possible Contamination <input checked="" type="checkbox"/> Slope No Other Comments! <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5