

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

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

1 Location of well:	County <u>Gray</u> <u>Finney</u>	Township name <u>Logan</u>	Fraction <u>NE 1/4</u> <u>Med. of</u>	Section number <u>29-</u>	Town number <u>TS 20</u>	Range number <u>RW 29</u>
Distance and direction from nearest town or city: <u>7 miles South of Charleston, Ks.</u>			3 Owner of well: <u>J.E. Jury (Vernon Schmidt)</u> Address: <u>Ingalls, Ks.</u>			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		4 Well depth: <u>202</u> ft. Date of completion <u>2-20-12</u> Well diameter <u>20</u> 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 checked="" type="checkbox"/> Reverse rotary	
<u>Fine to med. sand</u>			<u>0</u>	<u>16</u>	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	
<u>Brown clay -streaks of blue to med. sand</u>			<u>16</u>	<u>35</u>	7 Casing: Material <u>St.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>203</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <u>22</u> lbs./ft. <u>1</u>	
<u>Brown clay & white rock (tight)</u>			<u>35</u>	<u>52</u>	8 Screen: <u>No Screen Used</u> Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Perforations: <u>80-120, 150-202</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>2" down</u>	
<u>Fine to med. sand & gravel (Loose)</u>			<u>52</u>	<u>79</u>	9 Static water level: <u>00</u> ft. below land surface Date <u>1-21-12</u>	
<u>Brown sandy clay & brown clay</u>			<u>79</u>	<u>125</u>	10 Pumping level below land surfaces: <u>00</u> ft. after <u>2</u> hrs. pumping <u>007</u> g.p.m. <u>97</u> ft. after <u>4</u> hrs. pumping <u>1210</u> g.p.m. Estimated maximum yield <u>1200</u> g.p.m.	
<u>Fine to med. sand & gravel. Hard strks. of white rock</u>			<u>125</u>	<u>140</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>Fine to med. sand & gravel (Loose)</u>			<u>140</u>	<u>149</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
<u>Brown sandy clay, streaks of gravel 50%</u>			<u>149</u>	<u>155</u>	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 <u>0</u> ft. to <u>10</u> ft.	
<u>Brown Sandy clay</u>			<u>155</u>	<u>102</u>	14 Nearest source of possible contamination: <u>N/A</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Fine to med. sand & gravel 10% clay (Loose)</u>			<u>102</u>	<u>197</u>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>FMC-Peerless</u> Model number <u>3857</u> HP <u>100</u> Volts _____ Length of drop pipe <u>140</u> ft. capacity <u>000</u> g.p.m. 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	
<u>Brown & gray clay (Tight)</u>			<u>197</u>	<u>202</u>	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>Minter-Wilson Drig. Co. 200</u> Business name _____ License No. _____ Address <u>Box 495, Garden City, Ks.</u> Signature <u>[Signature]</u> Date <u>2-19-12</u> Authorized representative	
<u>Brown, gray, & yellow clay (Tight)</u>			<u>202</u>	<u>211</u>		
<u>Shale (Hard)</u>			<u>211</u>	<u>215</u>		
(use a second sheet if needed)						
16 Remarks: elevation <u>x</u> <u>Good Well.</u> <u>No possible contamination.</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <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