

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 <b>Kearny</b>	Township name <b>Southside</b>	Fraction <b>NE or SE 1/4</b>	Section number <b>4</b>	Town number <b>T 26 S</b>	Range number <b>R 35W</b>		
Distance and direction from nearest town or city: <b>12 miles South of Deerfield, Ks.</b>			3 Owner of well: <b>White Enterprises</b> Address: <b>Lakin, Ks.</b>					
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: <b>300</b> ft. Date of completion <b>1-31-75</b> Well diameter <b>26</b> 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			
			Fine Sand		0	35	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 <input type="checkbox"/>	
			Fine to Medium Sand gravel (Loose)		35	52	7 Casing: Material <b>St.</b> Height: above/below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>501</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>16</b> in. to <b>501</b> ft. depth	
			Medium Coarse Gravel (Loose)		52	200	8 Screen: Manufacturer <b>Johnson Division</b> Type <b>Galv.</b> Dia. <b>16"</b> Slot <b>100</b> Length <b>20'</b> Set between <b>270</b> ft. and <b>290</b> ft. <b>Perms: 120-270, 290-500</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4" down</b>	
			Lost Circulation			166	9 Static water level: <b>79</b> ft. below land surface Date <b>1-31-75</b>	
			Brown Sandy Clay		200	233	10 Pumping level below land surfaces: <b>90</b> ft. after <b>5</b> hrs. pumping <b>1515</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>1200</b> g.p.m.	
			Fine to Medium Coarse Gravel (Loose)		233	255	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____	
			Brown Sandy Clay		255	260	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
			Fine to Medium Sand (Hard)		260	276	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 <b>0</b> ft. to <b>10</b> ft.	
			Fine to Medium Sand (Loose)		276	300	14 Nearest source of possible contamination: <b>N/A</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(use a second sheet if needed)					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>FMC-Peerless</b> Model number <b>G105065</b> HP <b>100</b> Volts ____ Length of drop pipe <b>160</b> ft. capacity <b>500</b> 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			
16 Remarks: elevation <b>Located near center of Section</b> <b>Good Well.</b> Topography: <input type="checkbox"/> Hill <b>No other comments!</b> <input checked="" type="checkbox"/> Slope <b>No Possible Contamination</b> <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. <b>Minter-Wilson Drilling Co. 200</b> Business name License No. ____ Address <b>Box 495 Garden City, Ks.</b> Signed <b>[Signature]</b> Date <b>3-12-75</b> Authorized representative					

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

Form WWC-5