

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

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:	County: <u>Iowa</u>	Fraction: <u>1/4 C 1/4 NE 1/4</u>	Section number: <u>2</u>	Township number: <u>T 27 S</u>	Range number: <u>R 19 E/W</u>
2. Distance and direction from nearest town or city: <u>8 1/2 - 3 1/2 S Duessburg, Ia.</u> Street address of well location if in city:			3. Owner of well: <u>Vern Davis</u> R.R. or street: City, state, zip code: <u>Kinsley, Ia</u>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>11-20-74</u> Well depth <u>195</u> ft.
<u>Sandy top soil</u>			<u>0</u>	<u>17</u>	7. <input checked="" 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
<u>Clay</u>			<u>17</u>	<u>42</u>	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>Sand & gravel</u>			<u>42</u>	<u>58</u>	9. Casing: Material <u>Steel</u> Height: <u>Above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>1 1/2</u> in. to <u>195</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>79R</u>
<u>Clay</u>			<u>58</u>	<u>61</u>	10. Screen: Manufacturer's name <u>Doerr S</u> Type <u>Steel</u> Dia. <u>1 1/2</u> Slot/groze <u>3/16</u> Length <u>88</u> Set between <u>107</u> ft. and <u>195</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-20-40</u>
<u>Sand + gravel - good -</u>			<u>61</u>	<u>88</u>	11. Static water level: _____ mo./day/yr. <u>5.5</u> ft. below land surface Date <u>10-16-74</u>
<u>Clay</u>			<u>88</u>	<u>108</u>	12. Pumping level below land surfaces: <u>58</u> ft. after <u>1</u> hrs. pumping <u>900</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.
<u>Good gravel</u>			<u>108</u>	<u>117</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>10-16-74</u>
<u>Clay</u>			<u>117</u>	<u>136</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Good gravel</u>			<u>136</u>	<u>149</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>fine sand w/ clay</u>			<u>149</u>	<u>182</u>	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>good sand</u>			<u>182</u>	<u>195</u>	17. Pump: _____ Not installed Manufacturer's name <u>Fairbanks Morse</u> Model number <u>3-130M</u> HP <u>60</u> Volts _____ Length of drop pipe <u>120</u> ft. capacity <u>900</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>clay</u>			<u>195</u>	<u>202</u>	18. Elevation: _____ 19. Remarks: _____
<u>fine clay</u>			<u>202</u>	<u>205</u>	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. <u>Reservoirs - Davis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ia</u> Signed <u>Fredia Hudson</u> Date <u>9/15-76</u> Authorized representative
(Use a second sheet if needed)					

T 27 S
 R 19 E
 W 190
 Sec 2 - CNE
 1/4 1/4 1/4

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

Form WWC-5