

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>Seck.</u>	Township name <u>harden Plain</u>	Fraction <u>SW-NE-NE</u>	Section number <u>31</u>	Town number <u>27S</u>	Range number <u>3W</u>																					
Distance and direction from nearest town or city:				3 Owner of well: <u>Melvin Kerschen</u>																							
Street address of well location if in city: <u>253 Marys</u>				Address: <u>253 Marys</u> <u>Garden Plain Ks. 67050</u>																							
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>75</u> ft. Date of completion: <u>8/5/76</u> Well diameter <u>5</u> in. <u>11"</u>																							
				5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary																							
2 Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>Top soil.</u></td> <td><u>0</u></td> <td><u>6</u></td> </tr> <tr> <td><u>clay.</u></td> <td><u>6</u></td> <td><u>13</u></td> </tr> <tr> <td><u>med. sand.</u></td> <td><u>13</u></td> <td><u>19</u></td> </tr> <tr> <td><u>red shale.</u></td> <td><u>19</u></td> <td><u>34</u></td> </tr> <tr> <td><u>blue shale.</u></td> <td><u>34</u></td> <td><u>39</u></td> </tr> <tr> <td><u>red & blue shale.</u></td> <td><u>39</u></td> <td><u>75</u></td> </tr> </tbody> </table>					From	To	<u>Top soil.</u>	<u>0</u>	<u>6</u>	<u>clay.</u>	<u>6</u>	<u>13</u>	<u>med. sand.</u>	<u>13</u>	<u>19</u>	<u>red shale.</u>	<u>19</u>	<u>34</u>	<u>blue shale.</u>	<u>34</u>	<u>39</u>	<u>red & blue shale.</u>	<u>39</u>	<u>75</u>	6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well		
					From	To																					
<u>Top soil.</u>	<u>0</u>	<u>6</u>																									
<u>clay.</u>	<u>6</u>	<u>13</u>																									
<u>med. sand.</u>	<u>13</u>	<u>19</u>																									
<u>red shale.</u>	<u>19</u>	<u>34</u>																									
<u>blue shale.</u>	<u>34</u>	<u>39</u>																									
<u>red & blue shale.</u>	<u>39</u>	<u>75</u>																									
7 Casing: Material <u>PVC</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>75</u> ft. depth! Drive shoe? ☐ Yes ☒ No — in. to — ft. depth!																											
				8 Screen: <u>Pump</u> <u>MAI</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot/auze <u>1/16</u> Length <u>5</u> ft. Set between <u>70</u> ft. and <u>75</u> ft. Fittings: <u>3/8</u> Gravel pack ☒ Yes ☐ No Size range of material:																							
				9 Static water level: <u>30</u> ft. below land surface Date <u>8/5/76</u>																							
				10 Pumping level below land surfaces: <u>45</u> ft. after <u>12</u> hrs. pumping <u>20</u> g.p.m. <u>—</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. Estimated maximum yield <u>25</u> g.p.m.																							
				11 Water sample submitted: ☐ Yes ☒ No Date <u>—</u>																							
				12 Well head completion: ☐ Pitless adapter <u>12</u> inches above grade																							
				13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ <u>—</u> Depth: From <u>3</u> ft. to <u>13</u> ft.																							
				14 Nearest source of possible contamination: ft. <u>—</u> Direction <u>None</u> Type <u>—</u> Well disinfected upon completion? ☒ Yes ☐ No																							
				15 Pump: ☒ Not installed Manufacturer's name <u>—</u> Model number <u>—</u> HP <u>—</u> Volts <u>—</u> Length of drop pipe <u>—</u> ft. capacity <u>—</u> g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other																							
16 Remarks: elevation <u>customer to furnish</u> <u>4x4x4 slab around</u> <u>well.</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>Wm. J. Williams</u> Business name <u>Williams</u> License No. <u>318</u> Address <u>—</u> Signature <u>Wm. J. Williams</u> Date <u>8/5/76</u> Authorized representative																							

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

Form WWC-5