

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>STANTON</u> | Township name <u>SE 1/4 SE 1/4 SE 1/4</u> | Fraction <u>11</u> | Section number <u>27</u> | Town number <u>42</u> | Range number <u>42</u> |
| Distance and direction from nearest town or city: <u>12 North 8 West Johnson Ks</u> | | | | 3 Owner of well: <u>Wayne Booley NW RR</u> Address: <u>Johnson Ks</u> | | | |
| Locate with "X" in section below: N W E S 1 Mile | | Sketch map: <u>X well</u> <u>@ 300</u> <u>sewer</u> <u>House</u> | | 4 Well depth: <u>300</u> ft. Date of completion: <u>MARCH 18-77</u> Well diameter <u>2 1/2</u> in. | | | |
| 2 Type and color of material | | From | | To | | 5 <input 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 | |
| | | Sandy clay | | 0 310 | | 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | |
| | | SAND | | 310 325 | | 7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>3 1/2</u> in. Diam. <u>5</u> Weight <u> </u> lbs./ft. <u>5</u> in. to <u>300</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth | |
| | | CLAY | | 325 343 | | 8 Screen: Manufacturer <u>JAL</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>40'</u> Set between <u>260</u> ft. and <u>300</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>dm 7</u> | |
| | | DAKOTA SAND | | 343 300 | | 9 Static water level: <u>260</u> ft. below land surface Date <u>3-18-77</u> | |
| | | | | | | 10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>50</u> g.p.m. | |
| | | | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____ | |
| | | | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | |
| | | | | | | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>3</u> ft. to <u>14</u> ft. | |
| | | | | | | 14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>South</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Goulds</u> Model number <u>13EM</u> HP <u>1 1/2</u> Volts <u>220</u> Length of drop pipe <u>242</u> ft. capacity <u>13</u> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <u>Fulton Drilling 302</u> Business name <u>Byzacuse Ks</u> License No. _____ Address <u>Byzacuse Ks</u> Signed <u>Wayne Booley</u> Date <u>3-18-77</u> Authorized representative | | | |

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