

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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>Big Bow</u>	Fraction <u>NE 1/4 SW 1/4</u>	Section number <u>35</u>	Town number <u>28 S</u>	Range number <u>39 W.</u>				
Distance and direction from nearest town or city: <u>1 1/2 blk east of Big Bow School.</u>				3 Owner of well: <u>FRANK RALPH PEARCE</u>						
Street address of well location if in city:				Address: <u>Big Bow, Ks</u>						
Locate with "X" in section below: N		Sketch map:		4 Well depth: <u>303</u> ft. Date of completion <u>1-18-75</u> Well diameter <u>9"</u> in.						
				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						
				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"/>						
2		Type and color of material		From		To		7 Casing: Material <u>Styrene</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. _____ Weight <u>320</u> lbs./ft. _____ <u>+18</u> in. to <u>303</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
								8 Screen: Manufacturer <u>Sun Flower</u> Type <u>Styrene</u> Dia. <u>5</u> Slot/gauze <u>1/8</u> Length <u>20'</u> Set between <u>282</u> ft. and <u>216</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u>		
								9 Static water level: <u>150</u> ft. below land surface Date <u>5-9-75</u>		
								10 Pumping level below land surfaces: <u>NA</u> ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>NA</u> g.p.m.		
								11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
								12 Well head completion: <input 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 _____ ft. to _____ ft.		
								14 Nearest source of possible contamination: ft. <u>50</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 checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input 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								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>Jim Smith Pump Serv 160A</u> Business name _____ License No. _____ Address <u>Johanson Ks.</u> Signed <u>Jim Smith</u> Date <u>6-5-75</u> Authorized representative		
								<p>(use a second sheet if needed)</p> <p>Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley</p>		