

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 Gray	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 33	Township number T 29 S R 30 E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: James Adams R.R. or street: City, state, zip code: Shell Knob, Missouri		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>388</u> ft. <u>2-28-77</u>		
		<p>NW corner of the $W\frac{1}{2}$, of the $NE\frac{1}{4}$, Sec. 33, T29S, R30W, Gray Co., Ks.</p>		7. <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		
5. Type and color of material		From	To	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		
Top soil		0	2	9. Casing: Material <u>Stl</u> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>37</u> lbs./ft. Dia. <u>16</u> in. to <u>168</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>219</u>		
Tan sandy clay		2	52	10. Screen: Manufacturer's name <u>Foster, Doerr</u> Type <u>Millslot, lowered 16"</u> Slot/gauze <u>1/8, 1/16</u> length <u>220</u> Set between <u>168</u> ft. and <u>388</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3.5 mm</u>		
Fine to coarse sand medium to coarse gravel		52	388	11. Static water level: _____ mo./day/yr. <u>152</u> ft. below land surface Date <u>12-8-76</u>		
Tan sandy clay with fine sand		388	460	12. Pumping level below land surfaces: <u>166</u> ft. after <u>1/2</u> hrs. pumping <u>1120</u> g.p.m. <u>180</u> ft. after <u>1</u> hrs. pumping <u>2440</u> g.p.m. Estimated maximum yield <u>3500</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>unk</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No		
				17. Pump: _____ Not installed Manufacturer's name <u>Layne & Bowler</u> Model number <u>12KEH</u> HP _____ Volts _____ Length of drop pipe <u>260</u> ft. capacity <u>1600</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		
		(Use a second sheet if needed)				
18. Elevation:		19. Remarks:		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>Layne-Western Company, 102</u> Business name License No. _____ Address <u>Garden City, Kansas</u> Signed <u>A. J. Vincent</u> Date <u>4 May 77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

29
 30
 33
 NW 1/4
 NE 1/4
 Sec
 1/4 1/4 1/4

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

Form WWC-5