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

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1 Location of well:	County Stanton	Township name Stanton	Fraction NW ¹ 4 NW ¹ 4	NW ¹ ₄	Section	on number		Town number 29S	Range number 41W	
Distance and direction from nearest town or city: Hiway intersection 3 Owner of well:								Cockreham		1
Street address of well location if in city:at Johnson 6 miles south Address:							Johnson, Kansas			
Locate with "X" in section below: N Sketch map:						4 Well depth: 504.5 ft. Date of completio 5-12- Well diameter 27 in.			7:	
							5 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary			
W							6 Use: Domestic Public supply Industry Test well Test well			
S S							7 Casing: Material St1: Height: above/below Threaded Welded Surface 12 in. Diam. 16!! Weight 36.8 lbs./ft.1			
21 Mile							in. to 216 ft1 Aprth Drive shoe? Tyes X No in. to ft. depth			
Type and color of material					From	To	Screen: Manufacturer Type St1. Slot/gauze 3/16 Length Set Essem 216 #1 Qnd to 5 04.5 Fittings:			
Surface						2				
Sandy clay						100				
Medium sand w/clay breakers					100		Gra	ings: velpacky Yes NoS	ize range of material	
Clay w/sandstone strips					180	195	9 Static water level: 195 ft. below land surface Date 5/14/75			
Sandstone (lost circulation)					195	240	10 Pum 4 <u>00</u>	ping level below land surf ft.after10 hrs.	pumping 325 g.p.m.	
Blue shale w/sandstone (very hard)					240	318	400 ft. after 20 hrs. pumping 375 g.p.m.			
White sandstone						540	11 Wat	er sample submitted: Yes χ No Date		1
							12 Wel	l head completion:	_	1
							13 Wel	grouted? 🛛 Yes		1
							XX Dep	Neat cement \square Bentonit th: From $_\Omega$ ft. to 1	e	
							14 Nec	rest source of possible con Direction	tamination:]
							Wel	I disinfected upon complet	rion? Yes MNo	1
							15 Pum Mar	p: [b nufacturer's name	Not installed	
								del number H gth of drop pipe ft	P Volts . capacity g.m.p.	
							Typ.	_] Turbine	
	(use	a second sheet if needed)					_ =	Jet [Reciprocating Other	
16 Remarks: elevation								er well contractor's certifi	cation:	1
							1	well was drilled under my ort is true to the best of my	•	
Topography:							Houck Bros. Drlg. Co. 164			
Шнји TSlope							Business name License No. Address Box 487, Ulysses, Ks.			
Upland						¥	Signed M. Beard Date 8-15-75			
☐ Valley							I	Authorized represer	ntative	1