

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

WATER WELL RECORD  
KSA 82a-1201-1215

MINNEOLA

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

CCCCenter

1 Location of well:	County <b>Clark</b>	Township name	Fraction <b>SWSW</b>	Section number <b>27</b>	Town number <b>305</b>	Range number <b>25W</b>
Distance and direction from nearest town or city: <b>S.S.W.</b>				3 Owner of well: <b>Abbott-Jones Inc</b>		
Street address of well location if in city: <b>Minneola, KS</b>				Address: <b>830 Sutton Pl. Wichita, Kan</b>		
Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>R-9 Ferguson #1</b>		4 Well depth: <b>145</b> ft. Date of completion <b>3-14-75</b> Well diameter <b>7</b> 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 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 checked="" type="checkbox"/> <b>Oil Rig</b>		
				7 Casing: Material <b>PVC</b> Height: above/below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> Diam. _____ Weight _____ lbs./ft. _____ <b>4</b> in. to <b>145</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 Type and color of material		From		8 Screen:		
<b>top Soil - clay - sand</b>		<b>0-95</b>		Manufacturer <b>MPI</b>		
<b>subd. gravel - clay</b>		<b>95-145</b>		Type <b>PVC</b> Dia. <b>4"</b>		
				Slot/gauze <b>44"</b> Length <b>2.0</b>		
				Set between <b>125</b> ft. and <b>145</b> ft.		
				Fittings: <b>1 1/2" 3/4"</b>		
				Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: <b>65</b> ft. below land surface Date <b>3-14-75</b>		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.		
Well given to Sarah K. Ferguson Minneola, Kansas by Abbott-Jones, Inc. By written Com. received 5/16/75 5/2/75 DWB				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <b>12"</b> inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: <b>Oil</b> ft. <b>60</b> Direction <b>SW</b> Type <b>Test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.p.m. 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. <b>Kelly's Water Well Ser 186</b> Business name <b>R2 Great Bend, KS</b> License No. _____ Address _____ Signed <b>Kelly Price</b> Date <b>3-20-75</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>1570</b>		<b>2561 145 2416</b>		

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

Form WWC-5

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