

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 Stanton | Fraction SW 1/4 SW 1/4 SW 1/4 | Section number 12 | Township number T 30 S R 39 | Range number 39 | EW |
| 2. Distance and direction from nearest town or city: 1 east of RR track 8 miles south | | | | 3. Owner of well: Albert Stewart | | | |
| Street address of well location if in city: at Big Bow, Ks. | | | | R.R. or street: RFD 2 | | | |
| | | | | City, state, zip code: Johnson, Ks. 67855 | | | |
| 4. Locate with "X" in section below: | | Sketch map: | | 6. Bore hole dia. <u>9 1/4</u> in. Completion date _____ Well depth <u>300</u> ft. <u>9/28/78</u> | | | |
| | | <p style="text-align: center;">N</p> <p style="text-align: center;">W E</p> <p style="text-align: center;">S</p> <p style="text-align: center;">1 Mile</p> | | 7. <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 | | | |
| 5. Type and color of material | | | | 8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | | |
| Surface | | | | 9. Casing: Material <u>styrene</u> height: <u>18</u> in. Dia. <u>5</u> in. to <u>260</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <u>.320</u> | | | |
| Clay and lime | | | | 10. Screen: Manufacturer's name _____ Sunflower Type <u>styrene</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>40</u> Set between <u>260</u> ft. and <u>300</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____ ft. and _____ ft. | | | |
| Coarse sand w/clay breakers | | | | 11. Static water level: _____ mo./day/yr. <u>130</u> ft. below land surface Date <u>9-30-78</u> | | | |
| Clay w/fine sand | | | | 12. Pumping level below land surfaces: <u>135</u> ft. after <u>4</u> hrs. pumping <u>1.3</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>50</u> g.p.m. | | | |
| Coarse sand | | | | 13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | | | |
| Embedded sand and clay | | | | 14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade | | | |
| Sandy clay | | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft. | | | |
| Fine to coarse sand w/clay breakers | | | | 16. Nearest source of possible contamination: ft. _____ Direction <u>West</u> Type <u>Sewer line</u> Well disinfectant upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Coarse sand | | | | 17. 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 _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other | | | |
| (Use a second sheet if needed) | | | | 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. Houck Bros. Drlg. Co. 164 Business name Box 487, Ulysses, Ks. No. _____ Address _____ Signed <u>M. Beard</u> Date <u>10-6-78</u> Authorized representative | | | |
| 18. Elevation: | | 19. Remarks: | | | | | |
| Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | |

30
39
12
1/4
1/4