

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

MT. JESUS

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

CCC

1. Location of well:		County Clark	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 36	Township number T 31 S R 22 E/W	Range number
2. Distance and direction from nearest town or city: 14 miles south on highway 34 of Bucklin, and 1 miles west Street address of well location if in city:				3. Owner of well: Melvin Beal R.R. or street: Lexington Route City, state, zip code: Ashland, Kansas 67831		
4. Locate with "X" in section below: N W S 1 Mile 1 Mile				Sketch map: SEWER HOUSE NEW WELL OLD WELL SHED		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>90</u> ft. <u>1-27-77</u>
5. Type and color of material				From	To	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
Top soil & clay				0	15	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
Clay				15	30	9. Casing: Material <u>RMP</u> Height: Above or <u>Below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>
Clay & fine sand (155 ft.)				30	45	10. Screen: Manufacturer's name _____ <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot size <u>1/8"</u> Length <u>20</u> ft. Set between <u>35</u> ft. and <u>45</u> ft. <u>75</u> ft. and <u>85</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/4"</u>
Blue clay				45	60	11. Static water level: _____ mo./day/yr. <u>26</u> ft. below land surface Date <u>1-27-77</u>
Blue clay				60	75	12. Pumping level below land surfaces: <u>38</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.
Blue clay & fine to medium sand (7ft.) & red bed				75	90	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
						14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
						15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.
						16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>SE</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: _____ Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD8-50</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>76</u> ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other
						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. JOE'S WELL SERVICE 179 Business name License No. Address <u>Box 174 Cimarron, Ks.</u> Signed <u>Joseph Crick</u> Date <u>1-31-77</u> Authorized representative
18. Elevation:		19. Remarks: <u>TOPO</u> <u>2063</u> <u>11-1</u>				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 31
R 22
E/W
S 36
1/4
1/4
1/4
1/4
SUSSEX

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

Form WWC-5