

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

1 Location of well:		County <b>Morton</b>	Township name <b>Westola</b>	Fraction <b>SESW 1/4</b>	Section number <b>17</b>	Town number <b>31 S</b>	Range number <b>43 W</b>
Distance and direction from nearest town or city: <b>15 south 5 west</b> Street address of well location if in city: <b>Manter, Kans</b>				3 Owner of well: <b>Abner Delay</b> Address: <b>Manter, Kansas 67862</b>			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <b>160</b> ft. Date of completion <b>7-1-75</b> Well diameter <b>18</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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well 7 Casing: Material <b>219</b> Height: above <b>below</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>16</b> in. to <b>160</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
2		Type and color of material		From	To	8 Screen: Manufacturer <b>Johnson</b> Type <b>Johnson</b> Dia. <b>16</b> Slot/gauze <b>100</b> Length <b>15</b> Set between <b>124</b> ft. and <b>140</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/4</b>	
		Soil		1	5	9 Static water level: <b>70</b> ft. below land surface Date <b>July 3-4-5-7</b>	
		Sandy clay		5	25	10 Pumping level below land surfaces: <b>130</b> ft. after <b>30</b> hrs. pumping <b>1000</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1000</b> g.p.m.	
		Cemented, some soft streaks		25	56	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
		Cemented, hard as hell		56	77	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		Cemented (hard)		77	80	13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> concrete Depth: From <b>1</b> ft. to <b>10</b> ft. below ground	
		Loose gravel (good)		80	83	14 Nearest source of possible contamination: <b>none</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Clay streaks		83	85	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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	
		Good gravel crack at 95Ft.		85	104		
		Good gravel (drilled loose) taken lots of water		104	131		
		Good gravel (drills loose) lots of water		131	150		
		Black shale (hard streaks)		150	160		
		few clay streaks 130-135					
		(use a second sheet if needed)					
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. <i>Paluki's Irrigation Drilling Contr.</i> Business name _____ License No. _____ Address: <b>700 So. Main</b> Signed: <b>Paul H. Woods</b> Date <b>7-26-75</b> Authorized representative			