

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County <u>Meade</u>	Township name <u>Logan</u>	Xraction <u>SE SE</u> <u>SE 1/4 SW 1/4</u>	Section number <u>22</u>	Town number <u>32</u>	Range number <u>26</u>																						
X Distance and direction from nearest town or city: <u>35-11 1/2 E of Meade</u>				3 Owner of well: <u>Max Williams</u>																								
Street address of well location if in city:				Address: <u>7701 W</u>																								
X Locate with "X" in section below:		Sketch map:		X Well depth: <u>55</u> ft. Date of completion _____																								
				Well diameter <u>3 3/4</u> 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																								
2 Type and color of material				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																								
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>7 1/2</u> in. Diam. _____ Weight <u>160</u> lbs./ft. <u>35</u> <u>5</u> in. to <u>55</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><u>sandy clay</u></td> <td><u>1</u></td> <td><u>7</u></td> </tr> <tr> <td><u>sand</u></td> <td><u>7</u></td> <td><u>28</u></td> </tr> <tr> <td><u>clay</u></td> <td><u>28</u></td> <td><u>32</u></td> </tr> <tr> <td><u>gravel</u></td> <td><u>32</u></td> <td><u>48</u></td> </tr> <tr> <td><u>Red clay with some gravel</u></td> <td><u>48</u></td> <td><u>55</u></td> </tr> <tr> <td><u>Red shale</u></td> <td><u>55</u></td> <td></td> </tr> <tr> <td colspan="3" style="text-align:center;"><u>BR 55' 7/8"</u></td> </tr> </tbody> </table>		Type and color of material	From	To	<u>sandy clay</u>	<u>1</u>	<u>7</u>	<u>sand</u>	<u>7</u>	<u>28</u>	<u>clay</u>	<u>28</u>	<u>32</u>	<u>gravel</u>	<u>32</u>	<u>48</u>	<u>Red clay with some gravel</u>	<u>48</u>	<u>55</u>	<u>Red shale</u>	<u>55</u>		<u>BR 55' 7/8"</u>			8 Screen: <u>Jet Stream</u> Manufacturer _____ Type <u>160 PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>20</u> Set between <u>35</u> ft. and _____ ft. <u>55</u> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
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9 Static water level: <u>28</u> ft. below land surface Date _____				10 Pumping level below land surfaces: <u>32</u> ft. after <u>1 1/2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.																								
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade																								
13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>12</u> ft. to <u>4</u> ft.				14 Nearest source of possible contamination: <u>Drinking Water</u> ft. <u>800</u> Direction <u>East</u> Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>F&W</u> Model number <u>10BA15</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>40</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" 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 <u>2260</u> <u>2260</u> <u>2260</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																								
(use a second sheet if needed)							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. <u>Bertel Drilling</u> <u>101A</u> Business name _____ License No. _____ Address <u>Meade Kans</u> Signed <u>Bertel Drilling</u> Date <u>10-11-75</u> Authorized representative																					

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

Form WWC-5

32-26W-2260