

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 <b>Morton</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>6</b>	Township number <b>T 32</b>	Range number <b>S R 39</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: <b>12 1/2 North of Rolla</b>			3. Owner of well: <b>Kenneth Drew</b>				
Street address of well location if in city:			R.R. or street: <b>N STAR ROUTE</b>				
			City, state, zip code: <b>Rolla, KS</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>16</b> in. Completion date: _____ Well depth <b>313</b> ft. <b>6/9/77</b>		
					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		
					8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material <b>Steel</b> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC _____ Weight <b>42.5</b> lbs./ft. Dia. <b>16</b> in. to <b>313</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>1250</b>			
<b>Overburden</b>			<b>0</b>	10. Screen: Manufacturer's name _____ <b>L.B Foster</b> Type <b>Steel</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>3</b> Set between <b>189-240</b> ft. and <b>260-313</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-1/4</b>			
<b>Top Soil</b>			<b>2</b>	11. Static water level: _____ mo./day/yr. <b>195</b> ft. below land surface Date <b>6/4/77</b>			
<b>Fine Sd. &amp; Clay</b>		<b>180</b>	<b>200</b>	12. Pumping level below land surfaces: <b>NA</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
<b>Fine Sd. &amp; Clay</b>		<b>200</b>	<b>220</b>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<b>Med. Sd. &amp; Clay</b>		<b>220</b>	<b>240</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>NA</b> _____ inches above grade			
<b>Sd. Stone &amp; Clay &amp; Shale</b>		<b>240</b>	<b>320</b>	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				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 <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
				(Use a second sheet if needed)			
18. Elevation:		19. Remarks: <b>10A Johnson Irr 1000 Slot Steel 16" 240-260</b> <b>16A Crop Land</b>			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. <b>KTM DRILLING, INC. 225</b> Business name _____ License No. _____ Address <b>Box 1285 Guymon, Okla.</b> Signed <b>[Signature]</b> Date <b>6/27/77</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 32  
 R 39  
 W  
 Sec 6  
 NW 1/4 NE 1/4