

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

1 Location of well:	County: <u>Seward</u>	Township name: <u>2S, 4W</u>	Fraction: <u>N E corner of 2 1/4 1/4</u>	Section number: <u>10</u>	Town number: <u>33</u>	Range number: <u>32</u>
Distance and direction from nearest town or city: <u>2.8, 4W</u>			3 Owner of well: <u>Hobart McVey</u>			
Street address of well location if in city: <u>Kismet</u>			Address: <u>Kismet Kansas</u>			
Locate with "X" in section below:		Sketch map:		Well depth: <u>372</u> ft. Date of completion <u>7-29-75</u>		
				Well diameter: <u>8 1/2</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		
				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"/>		
				Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> , Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>372</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2	Type and color of material			From	To	
	<u>Sandy Clay</u>			<u>1</u>	<u>20</u>	
	<u>White Clay</u>			<u>20</u>	<u>120</u>	
	<u>sand &amp; Gravel</u>			<u>120</u>	<u>180</u>	
	<u>Clay gray</u>			<u>180</u>	<u>230</u>	
	<u>fine sand</u>			<u>230</u>	<u>280</u>	
	<u>Clay gray</u>			<u>280</u>	<u>290</u>	
	<u>sand &amp; Gravel</u>			<u>290</u>	<u>340</u>	
	<u>" "</u>			<u>340</u>	<u>360</u>	
	<u>Clay &amp; Gravel</u>			<u>360</u>	<u>372</u>	
	<u>Red schale</u>			<u>372</u>		
9 Static water level: <u>206</u> ft. below land surface Date <u>7-29-75</u>						
10 Pumping level below land surfaces: <u>210</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>80</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 <input type="checkbox"/> Inches above grade						
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>00</u> ft. to <u>3</u> ft.						
14 Nearest source of possible contamination: ft. <u>250</u> Direction <u>East</u> Type <u>septic tank</u> 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>DBA15</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>240</u> ft. capacity <u>10</u> g.m.p. 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						
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>Bastel Dry</u> <u>181A</u> Business name License No. Address <u>Meade, Ks</u> Signed <u>John R. Bastel</u> Date <u>7-29-75</u> Authorized representative						

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

Form WWC-5