

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	Fraction <u>SE 1/4 SW 1/4 NE 15</u>	Section number <u>15</u>	Town number <u>T 33 S</u>	Range number <u>R 33 W</u>				
Distance and direction from nearest town or city: <u>7 1/2 North 1 1/2 East of Hixkral Kansas</u>				3 Owner of well: <u>Benny Nix</u> Address: <u>5 STAR ROUTE BOX 27 HOLA, KAN</u>						
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>410</u> ft. Date of completion <u>4/23/75</u> Well diameter <u>26</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 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 <input type="checkbox"/>						
2		Type and color of material		From		To		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. Weight <u>42.5</u> lbs./ft. <u>1</u> <u>16</u> in. to <u>0-40</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
								8 Screen: Manufacturer <u>L.B. Foster</u> Type <u>Steel</u> Dia. <u>16</u> Slot/gauze <u>1/8</u> Length <u>3</u> Set between <u>24</u> ft. and <u>390</u> ft. Fittings: <u>1/8 to 1/4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
Overburden				0		2		9 Static water level: <u>180</u> ft. below land surface Date <u>4/75</u>		
Top Soil Coarse Sd. & Gravel				2		160		10 Pumping level below land surfaces: <u>NA</u> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.		
Fine & Coarse Sd.				160		220		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
Gravel				220		360		12 Well head completion: <input type="checkbox"/> Pitless adapter <u>NA</u> <input type="checkbox"/> Inches above grade		
Fine & Coarse Sd. w/Gravel				360		395		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>0</u> ft. to <u>10</u> ft.		
Blue Clay				395		398		14 Nearest source of possible contamination: ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Gravel				398		410		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number HP Volts <u> </u> Length of drop pipe ft. capacity g.p.m. <u> </u> Type: <u>Pump Set By Third Party</u> <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Blue Clay				410		428		16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Blue Clay & Red Clay				428		453				
								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>KTM DRILLING, INC. 225</u> Business name License No. <u> </u> Address <u>Box 385, Guymon, Okla.</u> Signed <u> </u> Date <u>12/15/75</u> Authorized representative		

33 W 15 SE SW 15

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

Form WWC-5