

Sent 7-18-77

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>SMITH</b>	Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>30</b>	Township number <b>T 3 S</b>	Range number <b>R 11 E</b>
2. Distance and direction from nearest town or city: <b>2 S 3 W 2 1/2 E</b>			3. Owner of well: <b>Joseph Bloomer</b>			
Street address of well location if in city: <b>of Lebanon KS</b>			R.R. or street: <b>Lebanon KS 66952</b>			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <b>8</b> in. Completion date <b>6-24-77</b> Well depth <b>65</b> ft.
					7. <input checked="" 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	
5. Type and color of material		From	To	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Top Soil & Clay		0	25	9. Casing: Material <b>PVC</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>34</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>65</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1180</b>		
broken Rock & Clay		25	35	10. Screen: Manufacturer's name <b>Crown line</b> Type <b>slotted PVC</b> Dia. <b>5"</b> Slot/gauze <b>0.030</b> Length <b>25</b> Set between <b>30</b> ft. and <b>55</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>fine</b> <b>3/8</b>		
Clay bluish black		35	45	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>26</b> ft. below land surface Date <b>6-24-77</b>		
Broken Rock		45	54	12. Pumping level below land surfaces: <b>unknown</b> <input type="checkbox"/> ft. after <b>1</b> hrs. pumping <b>6</b> g.p.m. <b>air</b> <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <b>revol</b> Estimated maximum yield <b>15+</b> g.p.m.		
Shale		54	65	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>16</b> ft.		
				16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>E</b> Type <b>Creek</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
				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>MARUAN Well Drilling Inc</b> Business name License No. Address <b>Red Cloud Ne</b> Signed <b>Lesley Maughan</b> Date <b>7-9-77</b> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5