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	Fraction	Section number	Township number	Range number
	Norton	NE 1/4 SW 1/4 NW 1/4	35	T 3 S	R 23 E.W.

2. Distance and direction from nearest town or city: 6 1/4 E from Norton
Street address of well location if in city:

3. Owner of well: Dale Ankenman
R.R. or street: R.R. 1
City, state, zip code: almena, Ks.

4. Locate with "X" in section below: Sketch map:

N / NW / NE / W / E / SW / SE / S / 1 Mile / 1 Mile

6. Bore hole dia. 12 3/4 in. Completion date 6-28-77
Well depth 60 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Steel Height: Above or below
Threaded ___ Welded ✓ Surface 12 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 12 3/4 in. to 20 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .188

5. Type and color of material	From	To
Top Soil	0	35
Fine Sand M. Gravel lose Gravel	35	45
— — lose lose Flint	45	55
Ochre + Shale	55	58
(Use a second sheet if needed)		

10. Screen: Manufacturer's name W A Brown
Type Louver Dia. 12 3/4
Slot/gauze 7 1/4 Length 20
Set between 5 ft. and 60 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/4 to 5/8

11. Static water level: mo./day/yr.
45 ft. below land surface Date 6-28-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type None
Well disinfected upon completion? ___ Yes ___ No

17. Pump: ✓ Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:

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.
Blue Jay Drilling Inc. 214
Business name License No.
Address Box 503 Colby, Ks
Signed Marilyn Rall Date 6-28-77
Authorized representative

T 3 R 23 E.W. Sec 35 1/4 NE 1/4 SW 1/4 NW 1/4

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

Form WWC-5