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

BBD

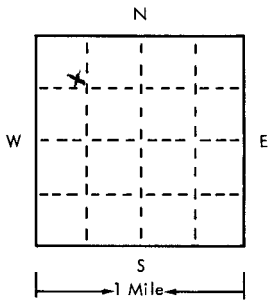
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Bourbon	Celia	NW¼ of NW¼	8	3	3 S

Distance and direction from nearest town or city: 5 miles North east of McDonald
Street address of well location if in city: 3 miles South west of Broadsley

3 Owner of well: Ralph Pochop
Address: McDonald Ks

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Topsoil and Clay	0	75
Sand & gravel. stripe of Clay	75	90

(use a second sheet if needed)

4 Well depth: 90 ft. Date of completion 4/15/75
Well diameter 8 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ Pasture well

7 Casing: Material Plastic Height: above/below
Threaded ☐ Welded ☐ Surface 12" in.
Diam. 5 in. to 90 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen: Jess & Lowell
Manufacturer ~~Rumsey~~
Type J & L Dia. 5"
Slot gauze 100' Length 30'
Set between 40 ft. and 90 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8 to 1/4

9 Static water level:
54 ft. below land surface Date 4-15-75

10 Pumping level below land surface:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.
No test

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☒ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ Puddled Clay
Depth: From 0 ft. to 10 ft.

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

15 Pump: ☐ Not installed
Manufacturer's name ___
Model number Hand Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☒ Certrifugal ☐ Other
None

16 Remarks: elevation 3215 (TOPO)

Topography:
☐ Hill
☐ Slope
☐ Upland
☐ Valley

Pasture well

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.
Jack Poore Drilling 197
Business name License No.
Address McDonald Ks
Signed Jack Poore Date 4-15-75
Authorized representative

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

Form WWC-5