

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 REPUBLIC	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 13	Township number T 4 S R 3	Range number 3																																							
2. Distance and direction from nearest town or city: Street address of well location if in city:		8 1/2 SOUTH BELLEVILLE		3. Owner of well: R.R. or street: City, state, zip code:																																									
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>8</u> in. Completion date <u>9-13-77</u> Well depth <u>100</u> ft.																																								
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>TOPSOIL</td><td>0</td><td>4</td></tr> <tr><td>BROWN CLAY</td><td>4</td><td>6</td></tr> <tr><td>SANDROCK</td><td>6</td><td>10</td></tr> <tr><td>BLUE CLAY</td><td>10</td><td>20</td></tr> <tr><td>BLUE CLAY W/ ROCK LAYERS</td><td>20</td><td>59</td></tr> <tr><td>RED CLAY</td><td>59</td><td>68</td></tr> <tr><td>BLUE CLAY</td><td>68</td><td>69</td></tr> <tr><td>SANDROCK</td><td>69</td><td>74</td></tr> <tr><td>BROWN CLAY</td><td>74</td><td>92</td></tr> <tr><td>SANDROCK</td><td>92</td><td>96</td></tr> <tr><td>BLUE CLAY</td><td>96</td><td>100</td></tr> <tr><td>STOP</td><td>100</td><td></td></tr> </tbody> </table>			5. Type and color of material	From	To	TOPSOIL	0	4	BROWN CLAY	4	6	SANDROCK	6	10	BLUE CLAY	10	20	BLUE CLAY W/ ROCK LAYERS	20	59	RED CLAY	59	68	BLUE CLAY	68	69	SANDROCK	69	74	BROWN CLAY	74	92	SANDROCK	92	96	BLUE CLAY	96	100	STOP	100		7. <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	
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		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"/> Stack <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>259</u>																																								
		10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>1/16</u> Length <u>20'</u> Set between <u>80</u> ft. and <u>100</u> ft. ft. and <u>100</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4"</u>			11. Static water level: _____ mo./day/yr. <u>40</u> ft. below land surface Date <u>9-13-77</u>																																								
		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after <u>1 hr</u> pumping _____ g.p.m. Estimated maximum yield <u>3</u> g.p.m.			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____																																								
		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.																																								
		16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>SOUTH</u> Type <u>LOTS</u> 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 _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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																																								
		(Use a second sheet if needed)			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. <u>GEO COIT-SONS INC 259</u> Business name License No. _____ Address <u>ELLIOTTON KANS 66937</u> Signed <u>[Signature]</u> Date <u>9-15-77</u> Authorized representative																																								
18. Elevation: <u>1430 ft</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:																																											

4
 30
 13
 SW 1/4 NW 1/4