USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

CWC DRAWING

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

DBB

1 Location of well: County	Township name	Fraction	Section number	Town number	Range number
Rawlins	Beaver	NW¼ of SE¼	35	4	33

Distance and direction from nearest town or city:

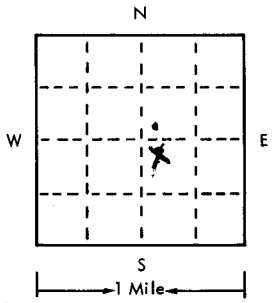
Street address of well location if in city: 10 mi SE atwood

3 Owner of well: George Franklin

Address: Atwood, Ks 67730

Locate with "X" in section below:

Sketch map:



2 Type and color of material	From	To
top soil and clay	0	80
sand and gravel	80	105
coarse rock	105	140
fine sand	140	150
fine sand strips of clay	150	165
fine to medium sand	165	180
sand and gravel	180	200

(use a second sheet if needed)

4 Well depth: 200 ft. Date of completion April 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 200 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen:
Manufacturer Jess + Lowell
Type J + L Dia. 5"
Slot/gauze ___ Length 20
Set between 160 ft. and 180 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼ to 1/4

9 Static water level:
140 ft. below land surface Date April 75

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

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ 10 Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 5 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

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

16 Remarks: elevation 3050 (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 Inc 197
Business name License No.
Address McDonald Ks
Signed Jack Poore Date 4-24-75
Authorized representative

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

Form WWC-5