

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

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

SE  
S.West

1 Location of well:		County <i>Marshall</i>	Township name <i>Bigelow</i>	Fraction <i>7</i>	Section number <i>07</i>	Town number <i>5</i>	Range number <i>6</i>
Distance and direction from nearest town or city: <i>Blue Rapids 4 east + 4 South</i>				3 Owner of well: <i>Joe Tempore</i>			
Street address of well location if in city:				Address: <i>Frankfort Kans</i>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>113</i> ft. Date of completion <i>apr</i> Well diameter <i>12</i> in.			
				5 <input checked="" type="checkbox"/> Cable tool <input 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			
				6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
				7 Casing: Material <i>Plastic</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>15</i> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
2		Type and color of material		From	To	8 Screen:	
		<i>top soil Grey &amp; sandy</i>		<i>0'</i>	<i>40'</i>	Manufacturer <i>Pumpco</i>	
		<i>Limestone + water</i>		<i>40'</i>	<i>50'</i>	Type <i>RMP</i> Dia. _____	
		<i>Blue shale</i>		<i>50'</i>	<i>113'</i>	Slot/gauze <i>50</i> Length _____	
						Set between <i>40</i> ft. and <i>60</i> ft. _____	
						Fittings:	
						Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4 X 1/4</i>	
						9 Static water level: <i>50</i> ft. below land surface Date <i>Apr 5 - 75</i>	
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>2</i> g.p.m. at <i>50'</i>	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <i>NA</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>25</i> ft. to <i>15</i> ft.	
						14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>north</i> Type <i>Barn</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 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	
16 Remarks: elevation						17 Water well contractor's certification:	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Strader Drilling Co. 237</i> Business name License No. Address <i>Blue Rapids</i> Signed <i>Harold Strader</i> Date <i>Apr 5 75</i> Authorized representative	

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

Form WWC-5