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
	Graham	SW 1/4 NE 1/4 SW 1/4	31	T 6 S	R 24 E (W)

2. Distance and direction from nearest town or city: 8 1/2 N 1 E
Street address of well location if in city: Morland, Ks.

3. Owner of well: Eugene David
R.R. or street:
City, state, zip code: Penoria Ks. 67645

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

N
NW X | NE
W | E
SW | SE
S
1 Mile ← → 1 Mile

6. Bore hole dia. 16 in. Completion date 3-77
Well depth 160 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. 16 in. to 160 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	100
Fine sand - Rock	100	110
Fine sand Gravel	110	120
Fine sand Sandy Clay	120	130
Fine sand	130	140
✓ ✓ M. Gravel	140	150
✓ ✓ M. Gravel	150	160
Ochre Shale	160	161

(Use a second sheet if needed)

10. Screen: Manufacturer's name W A Brown
Type Gravel Dia. 16
Slot/gauze 7 x 8 Length 60
Set between 100 ft. and 160 ft.
___ ft. and ___ ft.
Gravel pack? ✓ Size range of material 1/4 x 5/8

11. Static water level: mo./day/yr.
48 ft. below land surface Date 3-77

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
160 ft. after 5 hrs. pumping 1600 g.p.m.
Estimated maximum yield 1600 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: ✓ 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.
Business name Blue Jay Drilling License No. 214
Address Box 503 Colby Ks
Signed Marilyn Ball Date 4-77
Authorized representative

T 6 R 24 E (W) Sec 31 1/4 SW 1/4 1/4 1/4

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

Form WWC-5