

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: <u>Shelton</u>	Fraction: <u>NE 1/4 NE 1/4 SE 1/4</u>	Section number: <u>29</u>	Township number: <u>T 7 S</u>	Range number: <u>R 30 E W</u>
2. Distance and direction from nearest town or city: <u>3 E - 45 -</u>			3. Owner of well: <u>Doubleday - Kennedy Farm Inc.</u>			
Street address of well location if in city: <u>RCXFORD</u>			R.R. or street: _____ City, state, zip code: <u>Selden Mo.</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>28</u> in. Completion date: <u>3-14-77</u> Well depth: <u>278</u> ft.		
				7. <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From		To		9. Casing: Material: <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface: <u>12</u> in. RMP: _____ PVC: _____ Weight: _____ lbs./ft. Dia: <u>16</u> in. to <u>278</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No.: <u>158</u>
<u>Top Soil</u>		<u>0</u>		<u>122</u>		10. Screen: Manufacturer's name: <u>W A Brown</u> Type: <u>wever</u> Dia. <u>16</u> Slot/gauze: _____ Length: _____ Set between <u>198</u> ft. and <u>278</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material: <u>1/4 x 5/8</u>
<u>Med Gravel</u>		<u>122</u>		<u>125</u>		11. Static water level: _____ mo./day/yr. <u>120</u> ft. below land surface Date <u>11-17-76</u>
<u>Clay Fine Sand Med Gravel</u>		<u>125</u>		<u>135</u>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1200</u> g.p.m.
<u>sandy clay</u>		<u>135</u>		<u>155</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>sandy clay sand stone</u>		<u>155</u>		<u>175</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
<u>Clay Fine sand Sand stone</u>		<u>175</u>		<u>185</u>		15. Well grouted? <u>4</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.
<u>fine sand med Gravel</u>		<u>185</u>		<u>195</u>		16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Clay fine sand Med Gravel</u>		<u>195</u>		<u>205</u>		17. Pump: _____ Not installed Manufacturer's name: <u>Goulds</u> Model number: <u>8X1672</u> HP _____ Volts _____ Length of drop pipe: <u>270</u> ft. capacity: <u>200</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
<u>Clay sand stone</u>		<u>205</u>		<u>215</u>		
<u>fine sand sandy clay sand stone</u>		<u>215</u>		<u>225</u>		
<u>fine sand med Gravel</u>		<u>225</u>		<u>235</u>		
<u>fine sand med Gravel</u>		<u>235</u>		<u>245</u>		
<u>Clay fine sand Med Gravel</u>		<u>245</u>		<u>255</u>		
<u>fine sand med Gravel clay</u>		<u>255</u>		<u>273</u>		
<u>Albu Shale</u>		<u>273</u>		<u>278</u>		
(Use a second sheet if needed)						
18. Elevation:		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. <u>Blue Jay Drilling Co Inc 214</u> Business name: _____ License No. _____ Address: <u>Box 523 Colby Mo</u> Signed: <u>Marilyn Kall</u> Date: <u>4-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5