

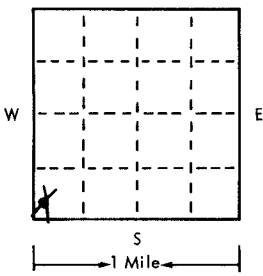
USE TYPEWRITER OR BALL
POINT - EN-PRESS FIRMLY,
PRINT CLEARLY.

BREWSTER NE

WATER WELL RECORD
KSA 82a-1201-1215

7 36 13 x x
T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County Thomas	Township name Barrett	Fraction SW 1/4	Section number 13	Town number T 7 S	Range number R 36 W
Distance and direction from nearest town or city: 5 mile North and 5 mile West of Brewster, Kansas Street address of well location if in city:				3 Owner of well: Bellamy Brothers Address: Hastings, Nebraska		
Locate with "X" in section below: 				4 Well depth: 270 ft. Date of completion 11-8-74 Well diameter 16 in.		
2 Type and color of material				5 <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		
				6 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"/> Commercial <input type="checkbox"/> Test well		
From To				7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 8 in. Diam. 16 in. to 270 ft. depth Weight gauge lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer W. A. Brown Type Bridge Dia. 16" Slot/gauze 178 Length 2" Set between 180 ft. and 260 ft. Fittings: 10" cook on bottom Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8 x 3/8		
Clay with sand layers				0	153	9 Static water level: 135 ft. below land surface Date 11-8-74
Fine to coarse sand and gravel				158	162	10 Pumping level below land surfaces: 155 ft. after 2 hrs. pumping 750 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 750 g.p.m.
Sandy clay				162	175	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
Fine to coarse sand and gravel				175	182	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 8 Inches above grade
Sandy clay				182	184	13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From ____ ft. to ____ ft.
Fine to coarse sand				184	186	14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sandy clay				186	191	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Byron Jackson Model number 8 HP 100 Volts 460 Length of drop pipe 268 ft. capacity 750 g.m.p. 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
Fine to coarse sand and gravel				191	197	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. Western Well & Pump Inc. Business name License No. ____ Address P.O. Box 852-Colby 245 Signed Roy E. Jensen Date 1-8-75 Authorized representative
Fine to coarse cemented sand & clay				197	215	
Fine to coarse sand and gravel				215	220	
Cemented sand and clay				220	237	
Fine to medium coarse sand				237	250	
Medium to coarse sand and gravel				250	269	
BROCK ?						
(use a second sheet if needed)						
16 Remarks: elevation 3367 (TOP) Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5