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

NE¼ NE¼ NW¼

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Rooks	Medicine	NE¼ NE¼ NW¼	5	8 South	16 West

Distance and direction from nearest town or city: 5½ SW. of Woodston Kans

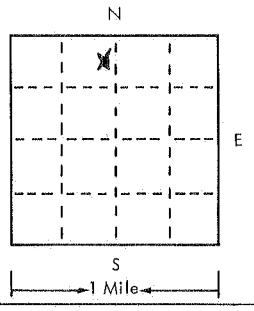
Street address of well location if in city:

3 Owner of well: Dwight Denio Woodston Kans.

Address: Dwight D. 67675

Locate with "X" in section below:

Sketch map:



4 Well depth: 45 ft. Date of completion 4/6/78
Well diameter 10 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 ☐ Livestock

7 Casing: Material Steel Height: above/below
Threaded ☒ Welded ☐ Surface 24 in.
Diam. 5½ in. to 45 ft. depth Weight ___ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☒ Yes ☐ No

2 Type and color of material	From	To
Clay	0	15
Clay + Gravel	15	23
Gravel	23	36
Blue Shale	36	41
Gravel	41	43
Blue Shale	43	45
(use a second sheet if needed)		

8 Screen:
Manufacturer ARMCO
Type METAL Dia. 5½
Slot/gauze 1/32 20ga Length 18'
Set between 27 ft. and 45 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¾ Chat

9 Static water level:
32 ft. below land surface Date 4/5/78

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

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion: No Pump Installed
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination: None
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

8 16W 5 NENE

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

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.
Business name Jones Bros Water Well Drilling License No. 285
Address Plainville Kans
Signed James F. Jones Date 4/6/78
Authorized representative

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

Form WWC-5