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

T	R	EW	sec	1/4	1/4	1/4	No.

CBIG

WATER WELL RECORD
KSA 82a-1201-1215

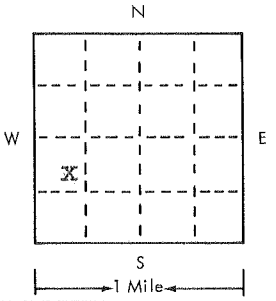
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Sheridan	Logan	~~SW 1/4~~ SE 1/4 - NW	12	8	29

Distance and direction from nearest town or city: 3 3/4 west, 3/4 north
Hoxie, Kansas
Street address of well location if in city:

Owner of well: Jake James
Address: Hoxie, Kansas

Locate with "X" in section below:



Sketch map:

4 Well depth: 245 ft. Date of completion 2-26-75
Well diameter 28 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 ☐

7 Casing: Material steel Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 16 Weight 33 lbs./ft. 1
0 in. to 245 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
top soil	0	115
Fine Sand Med Grav Sandy Silt	115	125
Fine Sand Med Grav Sandy Clay	125	145
" " " "	145	170
" " " "	170	175
Fine Sand Med Grav loose	175	195
" " " Colored	195	210
" " " "	210	225
Fine Sand Med Grav (Clear Color)	225	245
Ochre Shale	245	255
BROCK 245		
(use a second sheet if needed)		

8 Screen:
Manufacturer W. A. Brown
Type Luver Dia. 16
Slot/gauze 7-1/8 Length 60
Set between 185 ft. and 245 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4x 5/

9 Static water level:
124 ft. below land surface Date 1-12-75

10 Pumping level below land surfaces:
241 ft. after 6 hrs. pumping 1200 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1200 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ 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:
ft. ___ Direction ___ Type None
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

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.
Blue Jay Drilling Co. Inc. 214
Business name License No.
Address Box 503 Colby, Kansas
Signed Marilyn Rall Date 3-15-75
Authorized representative

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

Form WWC-5

677-H