

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

6EM SE

WATER WELL RECORD  
KSA 82a-1201-1215

BDB

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 <u>Thomas</u>	Township name <u>NW SE NW 4</u>	Fraction	Section number <u>28</u>	Town number <u>8</u>	Range number <u>31</u>	
Distance and direction from nearest town or city:			3 Owner of well: <u>James P. Sanders</u> c/o Lawrence Sanders Address: <u>Holbrook, Neb.</u>				
Street address of well location if in city:							
Locate with "X" in section below: N W E S 1 Mile			Sketch map:		4 Well depth: <u>226</u> ft. Date of completion <u>8-4-75</u> Well diameter <u>28</u> in.		
2			Type and color of material		From To		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 <input type="checkbox"/>
Med Gravel, Find sand, Sandstone (brn wht)			1124		129		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>12 3/4</u> in. to <u>216</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>226</u> in. to <u>226</u> ft. depth
Fine Sand, Med. Gravel (brown)			129		132		8 Screen: Manufacturer <u>Johansen</u> Type <u>Steel</u> Dia. <u>12 3/4</u> " Slot/gauze <u>100</u> Length <u>10'</u> Set between <u>216</u> ft. and <u>234</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4-5/8</u>
Sandy Clay, Sandstone (brown, white)			132		143		9 Static water level: <u>101</u> ft. below land surface Date <u>6-6-75</u>
Fine sand, Med Gravel, Sandy Clay brown			143		148		10 Pumping level below land surfaces: <u>210</u> ft. after <u>9</u> hrs. pumping <u>680</u> g.p.m. <u>220</u> ft. after <u>9</u> hrs. pumping <u>680</u> g.p.m. Estimated maximum yield <u>680</u> g.p.m.
Fine sand, Med gravel, Sandstone			148		164		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>6-6-75</u>
Sandy Clay, Sandstone (brown white)			164		183		12 Well head completion: <input type="checkbox"/> Pitless adapter <u>NA</u> <input checked="" type="checkbox"/> Inches above grade
Fine sand, Med Gravel, Sandstone, Sandy Clay			183		212		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>9</u> ft. <u>0-3</u>
Fine sand, Med Gravel, trace Sandy Clay			212		223		14 Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 Shale			223		226		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Aura Pump</u> Model number _____ HP <u>80</u> Volts <u>220</u> Length of drop pipe <u>220</u> ft. capacity <u>680</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
(use a second sheet if needed)							
16 Remarks: elevation <u>3011 (TOPO)</u>							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. <u>Red Tiger Irrigation 1254</u> Business name _____ License No. _____ Address <u>Box 554 Colby, Neb</u> Signed <u>Joe Lane</u> Date <u>9-10-75</u> Authorized representative
Topography: <input type="checkbox"/> Hill <u>Level</u> <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

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

Form WWC-5