

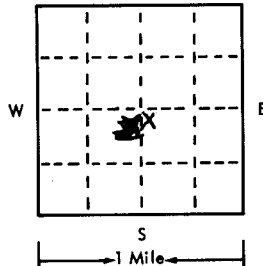
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

DBB

1 Location of well:	County Sheridan	Township name Solomon	Fraction <i>NE 1/4 NW 1/4 SE 1/4</i>	Section number 11	Town number 9	Range number 30W
Distance and direction from nearest town or city: 3 3/4 miles South; From Seguin, Ks. 2 1/2 miles West Street address of well location if in city:				3 Owner of well: Baalman Farms Address: Hoxie, Kansas		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2 Type and color of material				From	To	
Clay				0	59	
Coarse sand & gravel-medium				59	76	
Clay				76	96	
Medium to coarse sand & gravel				96	103	
Clay				103	106	
Coarse sand & gravel				106	114	
Clay				114	128	
Medium to coarse sand & gravel				128	132	
Clay				132	145	
Coarse sand & gravel				145	163	
Clay & cement				163	171	
Coarse sand & gravel				171	186	
Ochre & shale				186	200	
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				4 Well depth: 191 ft. Date of completion 1/19/76 Well diameter 30 in. 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"/> _____ 7 Casing: Material Steel Height: above/ below <input checked="" type="checkbox"/> Surface 12 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Diam. 16 in. Weight 1.6 lbs./ft. 16 in. to 121 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ____ in. to ____ ft. depth 8 Screen: Manufacturer Brown 10' Cook Type Regular Dia. 16" Slot/gauze 10% Length 60" Set between 121 ft. and 181 ft. 191 Fittings: 1/2 X 5/8; 50% #1 Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ 9 Static water level: 95 ft. below land surface Date 1/20/76 10 Pumping level below land surfaces: 185 ft. after 2 hrs. pumping 1062 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 1062 g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 Inches above grade 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"/> Clay Depth: From 0 ft. to 10 ft. 14 Nearest source of possible contamination: ft. 3000 Direction NE Type Feed lot Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed 2-27-76 Manufacturer's name Bryon Jackson Model number 7148 HP 75 Volts _____ Length of drop pipe 187 ft. capacity 550 g.m.p. Type: 8 stage 10" GH bowl <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 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 and Pump 245 Business name _____ License No. _____ Address PO Box 852 Colby, Ks. Signed Dolly King Date 3-22-76 Authorized representative		

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

Form WWC-5

9 30W 11 NW 1/4 SE