

Well #4

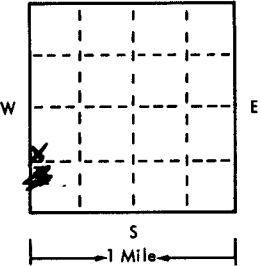
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

*OBC*

1 Location of well:	County <b>Sheridan</b>	Township name <b>Solomon</b>	Section <b>SW 1/4 SW 1/4</b>	Section number <b>12</b>	Town number <b>9</b>	Range number <b>30W</b>		
Distance and direction from nearest town or city: <b>From Sequin, Ks. 3 3/4 miles South; 2 miles West</b> Street address of well location if in city:				3 Owner of well: <b>Baalman Farms</b> Address: <b>Hoxie, Kansas</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>179</b> ft. Date of completion <b>1/20/76</b> Well diameter <b>30</b> 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			
			<b>Soil &amp; sand &amp; sandy clay</b>		<b>0</b>	<b>80</b>	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	
			<b>Sandy clay</b>		<b>80</b>	<b>117</b>	7 Casing: Material <b>Steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight _____ lbs./ft. _____ <b>16</b> in. to <b>109</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			<b>Fine to medium sand</b>		<b>117</b>	<b>142</b>	8 Screen: Manufacturer <b>Brown</b> : <b>10'</b> Cook Type <b>Regular</b> Dia. <b>16"</b> Slot/gauze <b>10%</b> Length <b>60"</b> Set between <b>109</b> ft. and <b>169</b> ft. <b>179</b> Fittings: <b>1/2 X 5/8: 50% #1</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			<b>Cemented gravel &amp; clay</b>		<b>142</b>	<b>166</b>	9 Static water level: <b>83</b> ft. below land surface Date <b>1/21/76</b>	
			<b>Gravel</b>		<b>166</b>	<b>175</b>	10 Pumping level below land surfaces: <b>175</b> ft. after <b>2</b> hrs. pumping <b>869</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>869</b> g.p.m.	
			<b>Yellow clay &amp; Shale</b>		<b>175</b>	<b>190</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			<b>BROCK 175'</b>				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> <b>12</b> 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"/> <b>Clay</b> Depth: From <b>0</b> ft. to <b>10</b> ft.	
							14 Nearest source of possible contamination: ft. <b>3600</b> Direction <b>North</b> Type <b>Feedlot</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
16 Remarks: elevation			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. <b>Western Well &amp; Pump, Inc.</b> Business name _____ License No. _____ Address <b>P.O. Box 852, Colby, Ks.</b> Signed <b>Sally Perry</b> Date <b>3/22/76</b> Authorized representative					

9 30W 12 SW NW SW

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

Form WWC-5