

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

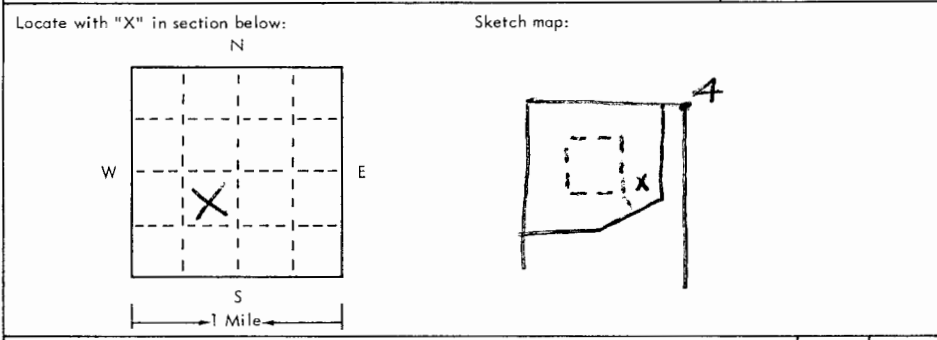
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WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well: County **POTT.** Township name **ST. GEORGE** Fraction **NE 1/4 SW 1/4** Section number **4** Town number **10** Range number **9**

Distance and direction from nearest town or city: **2 MILES NORTH** Owner of well: **MICHAEL R. CRUBEL**
Street address of well location if in city: **OF ST. GEORGE** Address: **RR 1 ST. GEORGE, KS.**



4 Well depth: **101** ft. Date of completion **5-3-75**
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

7 Casing: Material **PVC** Height: above/below
Threaded Welded Surface **12** in.
Diam. **5** in. Weight **200** lbs./ft.
5 in. to **101** ft. depth Drive shoe? Yes No

| 2 | Type and color of material | From | To |
|---|----------------------------|------|-----|
| | BLACK DIRT | 0 | 20 |
| | CLAY | 20 | 40 |
| | FINE SAND | 40 | 60 |
| | CLAY | 60 | 75 |
| | FINE SAND | 75 | 85 |
| | WATER GRAVEL | 85 | 101 |

8 Screen: Manufacturer **Western**
Type **PVC** Dia. **5**
Slot/gauze **1/8** Length **10'**
Set between **101** ft. and **91** ft.
Fittings: Gravel pack Yes No Size range of material **1/4**

9 Static water level: **50** ft. below land surface Date **5-3-75**

10 Pumping level below land surfaces:
50 ft. after **2** hrs. pumping **20** g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield **40** g.p.m.

11 Water sample submitted:
 Yes No Date ____

12 Well head completion: **CAPPED**
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **40** ft. to **25** ft.

14 Nearest source of possible contamination:
ft. **500** Direction **EAST** Type **scat.**
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
 Centrifugal Other

16 Remarks: elevation **106**

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.
P+J Well Drg. 269
Business name _____ License No. _____
Address **Box 42, Paola, KS**
Signed **Paul Salyer** Date **5-23-75**
Authorized representative