

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

WATER WELL RECORD
KSA 82a-1201-1215

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 MORRIS	Township name NW 1/4 NE 1/4	Fraction 14	Section number 16 SOUTH	Town number R3E	Range number	
Distance and direction from nearest town or city:			3 Owner of well: LELAND MEYERS				
Street address of well location if in city: 427 South Belknap St.			Address: 427 SOUTH BELFRYST, COUNCIL GROVE KANSAS				
Locate with "X" in section below:		Sketch map:		4 Well depth: 43 ft. Date of completion 9-20-74		Well diameter 9 in.	
		<p>In Council Grove City Blk 42 588' Lot 13-16 Inc AB</p>		5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
				<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		<input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial	
2		Type and color of material		7 Casing: Material 5" galv Weight: above /below		8 Screen:	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in.		Manufacturer steel casing cut by torch	
		Black dirt		Diam. 5" Weight --- lbs./ft.		Type steel Dia. 6"	
		Gravel		5" in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Slot gauze 42 V8 Length 15 ft	
		Gray lime rock		--- in. to --- ft. depth		Set between 18 ft. and 33 ft.	
				Fittings:		Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material ---	
				9 Static water level:		11 Water sample submitted:	
				20 ft. below land surface Date 9-20-74		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ---	
				10 Pumping level below land surfaces:		12 Well head completion:	
				____ ft. after ____ hrs. pumping ____ g.p.m.		<input type="checkbox"/> Pitless adapter 12 inches above grade	
				____ ft. after ____ hrs. pumping ____ g.p.m.		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Estimated maximum yield ____ g.p.m.		<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement	
				14 Nearest source of possible contamination:		Depth: From 0 ft. to 15 ft.	
				ft. 35 Direction east Type bank		15 Pump: <input checked="" type="checkbox"/> Not installed	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Manufacturer's name _____	
				16 Remarks: elevation		Model number _____ HP _____ Volts _____	
				Topography:		Length of drop pipe _____ ft. capacity _____ g.p.m.	
				<input type="checkbox"/> Hill		Type:	
				<input type="checkbox"/> Slope		<input type="checkbox"/> Submersible <input type="checkbox"/> Turbine	
				<input type="checkbox"/> Upland		<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
				<input checked="" type="checkbox"/> Valley		<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
				(use a second sheet if needed)		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.	
						W H KRAUSE 156	
						Business name _____ License No. _____	
						Address 13 BELFRYST COUNCIL GROVE	
						Signed [Signature] Date 9-22-74	
						Authorized representative [Signature] Dec 12-74	