

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

T R EW sec 1/4 1/4 1/4 No.

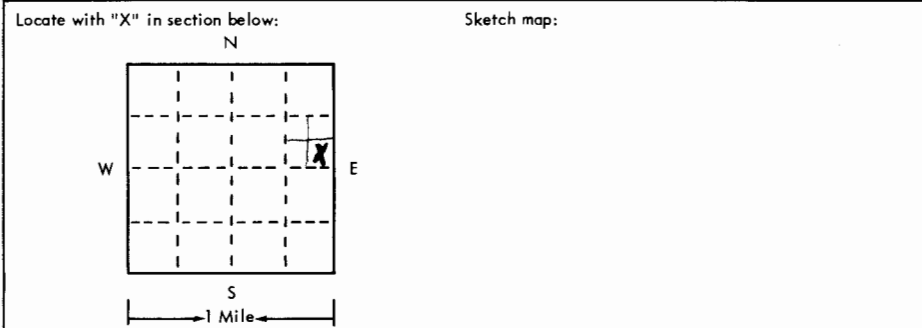
WATER WELL RECORD
KSA 82a-1201-1215
Sheet 1 of 2

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

1 Location of well:	County Morris	Township name Four Mile	Fraction SE 1/4 - SE 1/4 - NE 1/4 OF E 1/2	Section number 18	Town number 17	Range number 8 E
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Distance and direction from nearest town or city: **4 mile West and 5 mile South of Council Grove**
Street address of well location if in city:

3 Owner of well: **Kennith Muller**
RR 3
Address: **Council Grove 66846**



4 Well depth: **85** ft. Date of completion: **5-16-75**
Well diameter **6 3/4** 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 **Honey Stock**

7 Casing: Material **Steel** Height: **above** below
Threaded Welded Surface **7 1/2** in.
Diam. _____ Weight _____ lbs./ft. _____
5 in. to **62** ft. depth! Drive shoe? Yes No
_____ in. to _____ ft. depth!

2	Type and color of material	From	To
	Top Soil Blk	0	10
	Flint Gravel	10	12
	Lime Flint chint	12	16
	Shale Blue	16	18
	Flint	18	21
	Shale Blue	21	23
	Lime - Flint Chint	23	30
	Shale Blue	30	31
	Lime - Flint	31	34
	Shale Blue	34	40
	Lime wht	40	43
	Shale Blu	43	44
	Lime Grey Grindstone	44	50
	Shale Green	50	53
	Lime	53	55

(use a second sheet if needed)

8 Screen:
Manufacturer **Sunflower**
Type **STYRENE** Dia. **5"**
Slot/gauze **1/16** Length **23'**
Set between **62** ft. and **85** ft.
Fittings:
Gravel pack Yes No Size range of material _____

9 Static water level:
43 ft. below land surface Date **5-16-75**

10 Pumping level below land surfaces:
80 ft. after **2** hrs. pumping **4** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **5** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **3** ft. to **13** ft.

14 Nearest source of possible contamination:
ft. **400** Direction **North** Type **Barn Yard**
Well disinfected upon completion? Yes No

15 Pump:
 Not installed
Manufacturer's name **Gould**
Model number **ZEHO5H2HP** Volts **230**
Length of drop pipe **80** ft. capacity **10** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation **Well slab to be installed by owner**

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.
Zimm Water Well Drilling 218
Business name License No. _____
Address **Lost Springs, Kan**
Signed **Joseph O. Zimm** Date **27 May**
Authorized representative

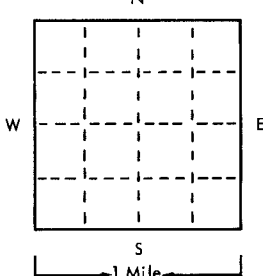
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Sheet 2 of 2

1 Location of well:	County Morris	Township name Four Mile	Fraction SE 1/4 - SE 1/4 NE 1/4 of E 1/2	Section number 18	Town number 17	Range number 8		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Kennith Muller RA Council Grove 66846 Address:					
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.				
2 Type and color of material		From		To				
		Red Rock		55		62		
		Lime Broken Yel Water		62		66		
		Lime Grey		66		70		
		Shale Blue		70		75		
		LIME Grey		75		80		
		Shale Blue		80		85		
(use a second sheet if needed)		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 type="checkbox"/> Reverse rotary						
		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____						
		7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!						
		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____						
		9 Static water level: _____ ft. below land surface Date _____						
		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.						
		11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____						
		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade						
		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.						
		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative					