

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

1 Location of well:	County MORRIS	Township name #ONE	Fraction SE 1/4 NW 1/4	Section number 13	Town number 17 SOUTH	Range number 9 EAST			
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: ROLLAND MARK Address: DUNLAP KANSAS					
Locate with "X" in section below: N W — X — E S 1 Mile		Sketch map: at elevator In Dunlap ST LOT 76-78-80 Blk 33		4 Well depth: 29 ft. Date of completion 11-26-74 Well diameter 9 in.					
2 Type and color of material		From		To		5 <input checked="" 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 checked="" 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"/> HUMAN			
		Black dirt		0		15		7 Casing: Material STEEL Height: (above/below) 13 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> 13 in. Diam. 6 in. to 10 1/2 in. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6 in. to 10 1/2 in. depth Weight 100 lbs. Maximum	
		Yellow clay		15		20		8 Screen: Manufacturer: Steel cut by torch Type Steel Dia. 6 1/4 Slot/gauze 1/8 to 1/4 Length 12 Set between 17 ft. and 29 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
Gravel		20		25		9 Static water level: 10 ft. below land surface Date 11-26-74			
Yellow rock		25		29		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 checked="" type="checkbox"/> No Date 11-26-74			
						12 Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade			
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cement <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From 0 ft. to 12 ft.			
						14 Nearest source of possible contamination: ft. 100 Direction North Type House Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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.p.m. 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. H. H. KRAUSE 156 Business name _____ License No. _____ Address 133 BELFRYST DR MA Signed H. H. Krause Date 11-26-74 Authorized representative			

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

Form WWC-5