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

WATER WELL RECORD
KSA 82a-1201-1215

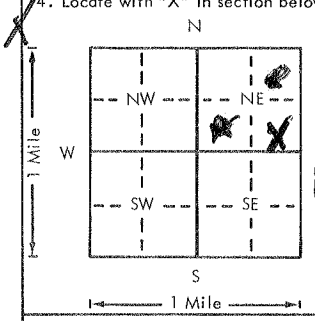
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Allen	SE¼ NE¼ 1/4 1/4	15	T 24 S	R 20 E/W

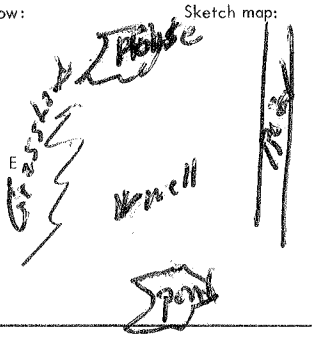
2. Distance and direction from nearest town or city: 1 West 3 N Moran, Kans
Street address of well location if in city:

3. Owner of well: Gene Cochran
R.R. or street: RR 2
City, state, zip code: Moran, Kansas

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8¾ in. Completion date 10/28/78
Well depth 270' ft.

7. X Cable tool ___ Rotary ___ Driven ___ Dug
___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary

8. Use: ___ Domestic ___ Public supply ___ Industry
___ Irrigation ___ Air conditioning X Stock
___ Lawn ___ Oil field water ___ Other

9. Casing: Material Wilstream Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5" in. to 190 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 235

5. Type and color of material	From	To
Soil	0	1
Clay-Yellow	1	10
Shale-Blue	10	58
Lime-Hard	58	70
Lime-Cherky	70	80
Lime-Hard	80	90
Shale-Blue	90	105
Lime-Hard	105	107
Shale-Blue	107	118
Lime-Hard	118	120
Shale Blue	120	160
Lime-Hard	160	165
Shale-Blue	165	180
Soft Place in Lime @ 180 - Small Amt Wtr	180	245
Lime-Hard		
Shale-Blue	245	249
Great Amt of Increase in Wtr Some Salt	249	251
Lime-Hard	251	253
Shale Dark-Sandy	253	258
Lime-Hard	258	260
Shale-Blue	260	270
Lime-Hard		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Wilstream
Type Mill Dia. ___
Slot/gauze 030 Length ___
Set between 190 ft. and 270 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material #0 3/4

11. Static water level: mo./day/yr.
80 ft. below land surface Date 10/28/78

12. 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.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 12" Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
100 yds Direction N Type Septic
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
X Hill
___ Slope
___ Upland
___ Valley

19. Remarks:

20. 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.
Eureka Well Service 296
Business name License No.
Address Eureka, Kans 225 S Walnut
Signed [signature] Date 10-28-78
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

T 24 R 20 Sec 15 1/4 1/4 SE NE 1/4

MI-1023