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

31	5E	10	SWSWNE
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	Township name	Fraction	Section number	Town number	Range number
	Cowley	Salem	SW¼ SW¼ NE¼	10	31S	5E

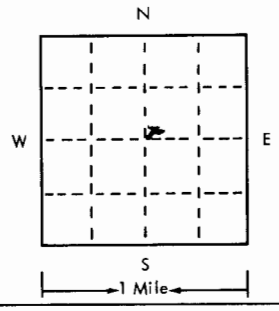
Distance and direction from nearest town or city: ½ mi E of Wilmot

Street address of well location if in city:

3 Owner of well: Sarah Darrah

Address: 1510 Menor Winfield Ks.

Locate with "X" in section below:



Sketch map:

4 Well depth: 100 ft. Date of completion 6-2-74
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 Iron Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 250 lbs/ft. wall
10 in. to 21 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2 Type and color of material	From	To
Soil	0	6
Shattered lime	6	16
Lime	16	26
Shale grey, limey	26	38
Lime, buff	38	64
Lime - Flinty grey	64	90
Lime grey	90	100
(use o second sheet if needed)		

8 Screen:
Manufacturer Open Hole from 21'
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between ___ ft. and ___ ft.
Fittings:
Gravel pack ☐ Yes ☐ No Size range of material ___

9 Static water level:
55 ft. below land surface Date 6-2-74

10 Pumping level below land surface:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☐ No Date ___

12 Well head completion:
☐ Pitless adapter 16 ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From Top ft. to 20 ft.

14 Nearest source of possible contamination:
ft. 100 Direction E Type Septic
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
☐ Certrifugal ☐ Other

16 Remarks: elevation
Owner agreed to run cement base + send in water sample. Water was treated at completion by using clorox. 1 gal

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.
Business name Bailey Drilling License No. 209
Address Burden Ks.
Signed Donald E Bailey Date 6-8-75
Authorized representative

31 5E 10 SWSWNE

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

Form WWC-5

677-H