

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 ELK	Township name Unknown	Fraction 7E-SW-SW	Section number 11	Town number 31	Range number 9E																											
Distance and direction from nearest town or city: 2 miles E of Grenola on Hwy 160, North Side of Hwy.			3 Owner of well: G. E. Wilson Address: 610 E.W. Floyd St 203 Second St Moline, Kans.																														
Locate with "X" in section below:		Sketch map:		4 Well depth: 110 ft. Date of completion 11-17-76 Well diameter 10 in.																													
		<p style="text-align: center;">CCA Open Pasture</p> <p style="text-align: center;">← Slope → well</p> <p style="text-align: center;">← Slope →</p> <p style="text-align: center;">Highway 160</p>		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 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 checked="" type="checkbox"/> Stock well																													
<p>2</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Cleanout + deepen 10 Ft.</td> <td></td> <td></td> </tr> <tr> <td>Lime</td> <td>100</td> <td>110</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: center;">(use a second sheet if needed)</p>		Type and color of material	From	To	Cleanout + deepen 10 Ft.			Lime	100	110																						7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 7 in. to 110 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
		Type and color of material	From	To																													
		Cleanout + deepen 10 Ft.																															
		Lime	100	110																													
8 Screen Casing Perforated Manufacturer Bottom 20 FT Type _____ Dia. 7" Slot/gauze _____ Length 100 MK Set between 10 ft. and 110 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 5/8"																																	
9 Static water level: 11 ft. below land surface Date 11-17-76																																	
10 Pumping level below land surfaces: none-Bailer test _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2 g.p.m.																																	
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																	
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 18 inches above grade																																	
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.																																	
14 Nearest source of possible contamination: none down Pasture ft. _____ Direction pasture MK 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.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 well location - 1205 Ft East of West Section Line; 1200 Ft north of South Section Line		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. Ronal Heffron Drilling #113 Business name _____ License No. _____ Address Route 3 Winfield, KS Signed Ronal Heffron Date 12-10-76 Authorized representative																															

31 9E 11 NE SW SW