

37

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

SW SE SW

3 4 E 33 W PIPE sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

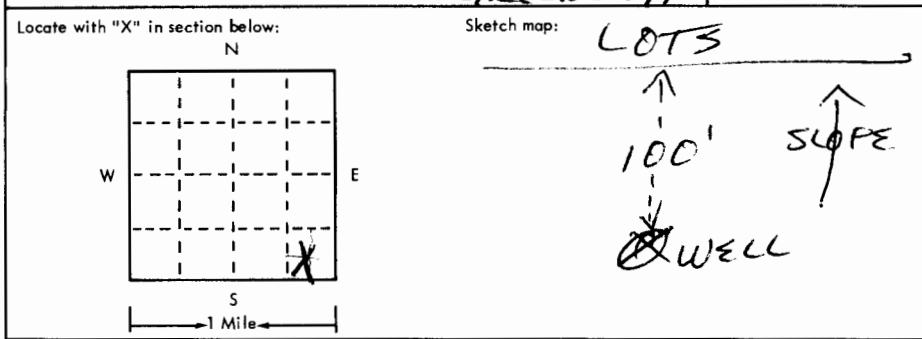
Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

NW 1/4 SW 1/4 SE 1/4

1 Location of well:	County WASH	Township name LOGAN	Fraction SE 1/4	Section number 33	Town number T 3 S	Range number R 4 E
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Distance and direction from nearest town or city: **1 NORTH**
 Street address of well location if in city: **1/2 WEST OF GREENLEAF**

3 Owner of well: **CHARLES + IDA KNEDLIK**
 Address: **GREENLEAF, KANSAS**



4 Well depth: **108** ft. Date of completion **10/8/75**
 Well diameter **8** 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 **PVC** Height: above/below
 Threaded Welded Surface **12** in.
 Diam. Weight **3** lbs./ft.
5 in. to **108** ft. depth Drive shoe? Yes No
 ___ in. to ___ ft. depth

2	Type and color of material	From	To
	TOPSOIL-	0	3
	BROWN CLAY	3	27
	LIMESTONE	27	29
	BROWN CLAY	29	45
	LIMESTONE	45	47
	BLUE CLAY	47	89
	SANDY CLAY	89	97
	SANDY	97	105
	ROCKY CLAY	105	107
	BLUE CLAY	107	109
	SHALE	109	110
	STOP	110	

8 Screen: Manufacturer **CERTAINTEED**
 Type **PVC** Dia. **5**
 Slot/gauze **1/16"** Length **20**
 Set between **108** ft. and **88** ft.
 Fittings: Gravel pack Yes No Size range of material **1/4"**

9 Static water level: **70** ft. below land surface Date **10/8/75**

10 Pumping level below land surfaces:
 ___ ft. after ___ hrs. pumping ___ g.p.m.
 ___ ft. after ___ hrs. pumping ___ g.p.m.
 Estimated maximum yield **7** 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 **0** ft. to **10** ft.

14 Nearest source of possible contamination:
 ft. **100** Direction **NORTH** Type **LOTS**
 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
 Centrifugal Other

16 Remarks: elevation **1420**

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.
Geo Cox + Sons Inc 258
 Business name License No.
 Address **WILTON KANSAS**
 Signed **Ray Cox** Date **10/13/75**
 Authorized representative

3 4 E 33 W PIPE