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

ABB

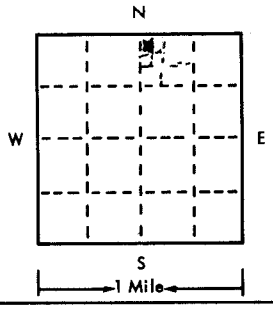
1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	GOVE		NW-NW-NWNE	31	T 11 S	R 31 W

Distance and direction from nearest town or city: 1s, 3E, 3S, 1W of Oakley.

Street address of well location if in city:

3 Owner of well: Henry Maurth
Address: RFD 2
Oakley, Ks. 67748

Locate with "X" in section below:



Sketch map:

4 Well depth: 125 ft. Date of completion 1-24-76
Well diameter 28 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 Steel Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. 12 3/4 in. to 105 ft. depth Weight 25 lbs/ft. lbs
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Topsoil, Clay Silty, Brown	0	44
Med. Gravel, Gravel, Brown	44	84
Fine sand, Med. Gravel, Brown	84	88
Med Gravel, Gravel, Brown	88	99
Med Gravel, Trace Fine sand, Brown	99	102
Med. Gravel, Brown, Trace Sandstone	102	105
Med. Gravel, Brown	105	119
Shale & Ochre Blue, Yellow	119	124
BROCK 119'		

(use a second sheet if needed)

8 Screen:
Manufacturer W.A. Brown
Type Steel slotted Dia. 12 3/4
Slot/gauze 10% Length 20'
Set between 105 ft. and 125 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4

9 Static water level:
68 ft. below land surface Date 1-24-76

10 Pumping level below land surfaces:
121 ft. after 7 1/2 hrs. pumping 1000 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 1000 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☒ Pitless adapter 12 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 1500 Direction east Type sewer
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
Casing sealed with welded steel cap
no pump installed.

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.
Red Tiger Irr. 125
Business name License No.
Address Box 524, Colby Ks.
Signed [signature] Date 2-3-76
Authorized representative

11 31W 31 NE NW NE

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

Form WWC-5

677-H