

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

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T R EW sec 1/4 1/4 1/4 No.

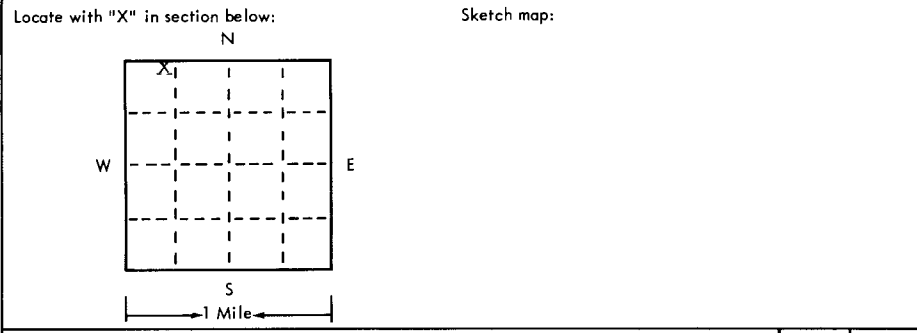
WATER WELL RECORD  
KSA 82a-1201-1215

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

*FBA*

1 Location of well:	County <b>Gove</b>	Township name <b>Lewis</b>	Fraction <b>M<sup>3</sup>C NENW NW</b>	Section number <b>14</b>	Town number <b>14</b>	Range number <b>30</b>
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Distance and direction from nearest town or city: <b>22 miles south of Grinnell, Ks.</b> Street address of well location if in city:	3 Owner of well: <b>Max Parsons</b> Address: <b>Oakley, Kansas 67748</b>
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4 Well depth: **328** ft. Date of completion **9/10/75**  
 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 \_\_\_\_\_ Height: above/below  
 Threaded  Welded  Surface **15** in. **MHC**  
 Diam. \_\_\_\_\_ Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth/Drive shoe?  Yes  No  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

2 Type and color of material	From	To
Top Soil	0	10
Sand Dry	10	14
Sand Wet	14	23
Oker and Shale	23	32
(use a second sheet if needed)		

8 Screen: Manufacturer **J & L**  
 Type **RMP** Dia. \_\_\_\_\_  
 Slot/gauze **.032** Length **2 1/2**  
 Set between **22** ft. and **31** ft.  
 Fittings:  
 Gravel pack  Yes  No Size range of material **1/2**

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

10 Pumping level below land surfaces:  
 \_\_\_\_\_ ft. after **NA** hrs. pumping \_\_\_\_\_ g.p.m.  
 \_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
 Estimated maximum yield \_\_\_\_\_ g.p.m.

11 Water sample submitted:  
 Yes  No Date \_\_\_\_\_

12 Well head completion: **20"**  
 Pitless adapter  Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
 Depth: From **18** ft. to **4** ft.

14 Nearest source of possible contamination:  
 ft. \_\_\_\_\_ Direction **none** Type \_\_\_\_\_  
 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

*2666 (top)*

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.

Bartell Drilling 139  
 Business name License No. \_\_\_\_\_  
 Address **Winona, Kansas 67764**  
 Signed Joyce Bartell Date **1-5-76**  
 Authorized representative

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

Form WWC-5

14 30w 14 NENW NW