

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

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

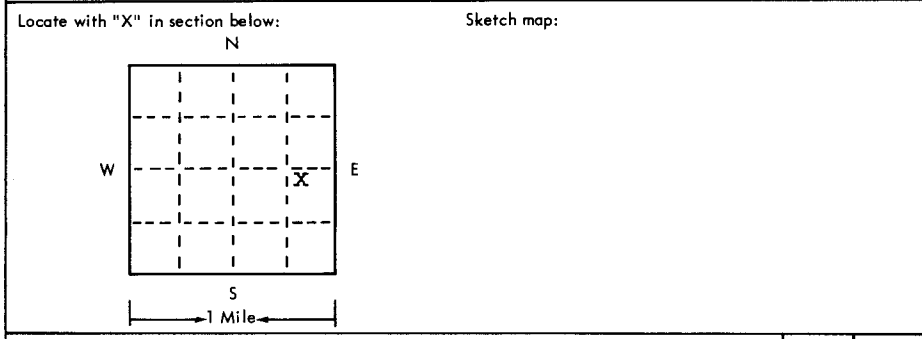
WATER WELL RECORD  
KSA 82a-1201-1215

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

DAB

1 Location of well:	County: <u>Gove</u>	Township name: <u>NA NW-NE-SE 1</u>	Fraction:	Section number: <u>21</u>	Town number: <u>15</u>	Range number: <u>29</u>
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Distance and direction from nearest town or city: <u>1/2 ON, 3E, 1N of</u>	3 Owner of well: <u>York Bros.</u>
Street address of well location if in city: <u>Healy, KS</u>	Address: <u>Healy, KS 67850</u>



4 Well depth: <u>25</u> ft. Date of completion <u>8-14-75</u>
Well diameter <u>9</u> in.
5 <input type="checkbox"/> Cable tool <input checked="" 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 checked="" 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 type="checkbox"/>
7 Casing: Material <u>Plas.</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> m. Diam. _____ Weight <u>1.8</u> lbs./ft. <u>5</u> in. to <u>5</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>   </u> in. to <u>   </u> ft. depth

2 Type and color of material	From	To
<u>Clay</u>	<u>0</u>	<u>9</u>
<u>Sd coarse</u>	<u>9</u>	<u>20</u>
<u>Shale</u>	<u>20</u>	<u>25</u>
<u>Blue</u>		

8 Screen: Manufacturer <u>Jess &amp; Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>5</u> ft. and <u>25</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material # <u>1</u>
9 Static water level: <u>9</u> ft. below land surface Date <u>8-14-75</u>
10 Pumping level below land surfaces: <u>NA</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
11 Water sample submitted: <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
12 Well head completion: <u>NA</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <u>0</u> ft. to <u>15</u> ft.
14 Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ 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.p.m. 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 2540 (T.O.H.)

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.  
Weishaar Drilling 232  
Business name License No.  
Scott City, KS 67871  
Address  
Signature: \_\_\_\_\_ Date 9-11-75  
Authorized representative