

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

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Greeley</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>18</b>	Township number <b>T 16 S R 41</b>	Range number <b>41</b>	<b>EW</b>
2. Distance and direction from nearest town or city: <b>13N, 7W, 1/2N</b> Street address of well location if in city: <b>of Tribune, KS</b>				3. Owner of well: <b>Kim Voth</b> R.R. or street: <b>Box 403</b> City, state, zip code: <b>Sharon Springs, KS 67758</b>			
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Sketch map:</p> <p><b>X well</b> <b>1/2 mi.</b></p> <p style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Septic</b></p> </div> </div>				6. Bore hole dia. <u>26</u> in. Completion date _____ Well depth <u>222</u> ft. <u>11-8-74</u>			
5. Type and color of material				7. <input 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 checked="" type="checkbox"/> Reverse rotary			
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>31.67</u> lbs./ft. Dia. <u>16</u> in. to <u>222</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>			
				10. Screen: Manufacturer's name _____ <b>Free Flow</b> Type <u>Prima Steel</u> Dia. <u>16</u> in. Slot gauge <u>.125</u> Length <u>40</u> ft. Set between <u>182</u> ft. and <u>222</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/4 - 1/2</u>			
				11. Static water level: _____ mo./day/yr. <u>154</u> ft. below land surface Date <u>10-9-74</u>			
				12. Pumping level below land surfaces: <u>192</u> ft. after <u>4</u> hrs. pumping <u>950</u> g.p.m. <u>198</u> ft. after <u>4</u> hrs. pumping <u>1000</u> g.p.m. Estimated maximum yield <u>1000</u> g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____			
				<input checked="" type="checkbox"/> Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
				<input checked="" type="checkbox"/> Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.			
				16. Nearest source of possible contamination: ft. <u>2840</u> Direction <u>SE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: _____ Not installed Manufacturer's name <u>Simmons</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>200</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:		19. Remarks:		20. Water well contractor's certification:			
		<b>Clay yellow</b> <b>Shale</b>		<b>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</b> <b>Weishaar Drilling 232</b>			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)		Business name _____ License No. _____ Address <u>Septic City, KS 67871</u> Signed <u>[Signature]</u> Date <u>7-17-76</u> Authorized representative			

16 FLOW 18 NE NE SE 1/4 1/4 1/4