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

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Barton	Walnut	NE NE NE	34	18 S	15 W

Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: Henry Bahr
Address: Albert Kansas

Locate with "X" in section below: Sketch map:

N
W E
S
1 Mile

RPM

Cemented Wall 0-40

4 Well depth: 64 ft. Date of completion 5-28 75
Well diameter 7 7/8 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 Plastic Height: above/below
Threaded ☐ Welded ☒ Surface 12 in.
Diam. Weight 120 lbs./ft 100
0 in. to 64 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Clay	0	18
Sand	18	24
Clay	24	40
Gravel	40	64
BR ≥ 64'		

(use a second sheet if needed)

8 Screen:
Manufacturer Jesse Lowell
Type RPM Dia. 4
Slot/gauze Drilled Length 10
Set between 54 ft. and 64 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8-1/4

9 Static water level:
15 ft. below land surface Date 5-28-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 75 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. 260 Direction East Type Septic
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Jacuzzi Bros.
Model number 2SHC HP 1 3/4 Volts 220
Length of drop pipe 30 ft. capacity 30 g.m.p.
Type:
☒ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation
1903 Top
fm

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.

Business name ___ License No. 143
Address Myers Water Well
Signed [signature] Date 5-28-75
Authorized representative

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

Form WWC-5