

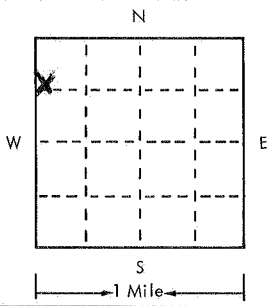
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

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

Nekoma

1 Location of well:	County <u>Rush</u>	Township name <u>Brookdale</u>	Fraction <u>NW¹/₄ of SW¹/₄</u>	Section number <u>18</u>	Town number <u>T18S</u>	Range number <u>R19W</u>																																
Distance and direction from nearest town or city: <u>3 mi. Northwest of Nekoma, Kansas</u> Street address of well location if in city:				3 Owner of well: <u>Dwight Kershner</u> Address: <u>Nekoma, Kansas</u>																																		
Locate with "X" in section below: 				Sketch map:		4 Well depth: <u>63</u> ft. Date of completion <u>4-7-75</u> Well diameter <u>24</u> in.																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Top soil</td><td>0</td><td>3</td></tr> <tr><td>Brown clay</td><td>3</td><td>23</td></tr> <tr><td>Sand & gravel</td><td>23</td><td>42</td></tr> <tr><td>Blue clay</td><td>42</td><td>43</td></tr> <tr><td>Sand & gravel</td><td>43</td><td>53</td></tr> <tr><td>Brown clay</td><td>53</td><td>56</td></tr> <tr><td>Sand & gravel</td><td>56</td><td>60</td></tr> <tr><td>Blue shale</td><td>60</td><td>63</td></tr> <tr><td><i>AR well 60' from</i></td><td></td><td></td></tr> <tr><td><i>10' up</i></td><td></td><td></td></tr> </tbody> </table>				2 Type and color of material	From	To	Top soil	0	3	Brown clay	3	23	Sand & gravel	23	42	Blue clay	42	43	Sand & gravel	43	53	Brown clay	53	56	Sand & gravel	56	60	Blue shale	60	63	<i>AR well 60' from</i>			<i>10' up</i>			5 <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	
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6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>																																						
7 Casing: Material <u>Steel</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. Weight <u>30.3</u> lbs./ft. <u>16</u> in. to <u>34</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>16</u> in. to <u>56</u> ft. depth <u>16"</u> to <u>63"</u> depth																																						
8 Screen: Manufacturer <u>Johnson Division</u> Type <u>.125 Irr.</u> Dia. <u>16"</u> <u>Slot</u> gauze <u>1/8</u> Length <u>25'</u> Set between <u>34</u> ft. and <u>54</u> ft. Fittings: <u>56'</u> & <u>61'</u> 3/8-200 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																						
9 Static water level: <u>27 1/2</u> ft. below land surface Date <u>4-7-75</u>																																						
10 Pumping level below land surfaces: <u>N/C</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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																						
12 Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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>10</u> ft.																																						
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.m.p. 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 <div style="text-align: center; font-size: 2em;"><u>2100</u></div> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Clarke Well & Eq., Inc.</u> <u>185</u> Business name License No. Address <u>Great Bend, Kansas</u> Signed <u>D.W. Clarke</u> Date <u>4-7-75</u> Authorized representative																																		