

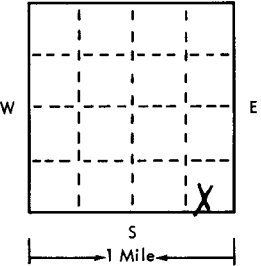
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

*can't find
may have been pulled
and plugged*

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

1 Location of well:	County Edwards	Township name	Fraction S¹/₄ SE¹/₄	Section number 6	Town number 26	Range number 18
Distance and direction from nearest town or city: 4W-15-1/4 W of Centerville, Kansas				3 Owner of well: Phil Hadwiger Address: Drawer H- Alba, Okla.		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: 95 ft. Date of completion 11-7-74 Well diameter 6 3/4 in.		
2 Type and color of material				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 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 checked="" type="checkbox"/> Test well		
				7 Casing: Material pvc Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 74 in. Diam. 4 1/2 in. to 65 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer R & B Type pvc Dia. 4 1/2 Slot/gauze slot Length 20 Set between 45 ft. and 65 ft. 20 Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4-3/8		
				9 Static water level: 25 ft. below land surface Date 11-7-74		
				10 Pumping level below land surfaces: 28 ft. after 1/2 hrs. pumping 80 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 900 g.p.m.		
				11 Water sample submitted: Gordon Lab. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 11-2-74		
				12 Well head completion: <input type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: None 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.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 To determine quantity of H₂O Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Mosencrantz-Bemis 134 Business name Great Bend, Ks. License No. _____ Address Topeka, Kansas Signed Phelia Hadwiger Date 11-8-74 Authorized representative		

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

Form WWC-5