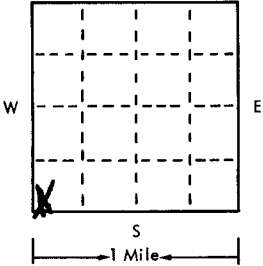


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County <u>Sedg</u>	Township name <u>SHERMAN</u>	Fraction <u>SW 1/4</u>	Section number <u>8</u>	Town number <u>26S</u>	Range number <u>3W</u>
Distance and direction from nearest town or city: <u>3 mile W of Andale KS.</u>			3 Owner of well: <u>Clyde KETZNER</u> Address: <u>134 E 4th Andale KS.</u>			
Locate with "X" in section below: 		Sketch map: <u>NEW HOME</u> <u>Well put in</u> <u>basement.</u>		4 Well depth: <u>85</u> ft. Date of completion: <u>5/21</u> Well diameter: <u>5</u> in.		
2		Type and color of material	From	To	5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
		<u>top Soil</u>	<u>0</u>	<u>6</u>	6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well	
		<u>Reddish clay</u>	<u>6</u>	<u>60</u>	7 Casing: Material <u>photo</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>18</u> in. Diam. <u>5</u> in. to <u>85</u> ft. depth Weight <u>150</u> lbs./ft. <u>100</u> Drive shoe? ☐ Yes ☒ No	
		<u>Reddish SHALE.</u>	<u>60</u>	<u>85</u>	8 Screen: <u>Free Howell</u> Manufacturer <u>plastic</u> Dia. <u>5</u> Slot/gauze <u>58</u> Length <u>68 + 115 + 85</u> Set between <u>58</u> ft. and <u>68</u> ft. Fittings: <u>3</u> Gravel pack ☒ Yes ☐ No Size range of material <u>3</u>	
					9 Static water level: <u>135</u> ft. below land surface Date <u>5/21/75</u>	
					10 Pumping level below land surface: ft. after <u>1 hr.</u> pumping <u>115</u> p.m. ft. after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>60</u> g.p.m.	
					11 Water sample submitted: ☐ Yes ☒ No Date _____	
					12 Well head completion: ☐ Pitless adapter <u>18</u> inches above grade	
					13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>13</u> ft. to <u>23</u> ft.	
					14 Nearest source of possible contamination: ft. <u>NOWHERE</u> Direction _____ Type _____ Well disinfected upon completion? ☒ Yes ☐ No	
					15 Pump: ☒ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other	
16 Remarks: elevation		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>WENINGER Deyl 238A</u> Business name _____ License No. _____ Address <u>MAIZE KS</u> <u>James W. Weninger</u> Date <u>5/21/75</u> Authorized representative				
Topography: ☒ Hill ☐ Slope ☐ Upland ☐ Valley						

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

Form WWC-5