

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>Kiowa</u>	Township name <u>Valley</u>	Fraction <u>CSW$\frac{1}{4}$</u>	Section number <u>28</u>	Town number <u>T27S</u>	Range number <u>R18W</u>
Distance and direction from nearest town or city: <u>3 mi. North of Greensburg, Kansas</u> Street address of well location if in city:				3 Owner of well: <u>Gus Koehn</u> Address: <u>Canton, Kansas</u>		
Locate with "X" in section below: N W E S 1 Mile			Sketch map:			4 Well depth: <u>130</u> ft. Date of completion <u>4-3-75</u> Well diameter <u>24</u> in.
2			Type and color of material	From	To	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
			<u>Sandy top soil</u>	<u>0</u>	<u>4</u>	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"/>
			<u>Sandy clay, soft sand & sandstone & sand streaks</u>	<u>4</u>	<u>33</u>	7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>30.3</u> lbs./ft. _____ <u>16</u> in. to <u>70</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ____ in. to ____ ft. depth
			<u>Sand, gravel & thin clay streak at 73'</u>	<u>33</u>	<u>130</u>	8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauge <u>1/8</u> Length <u>60'</u> Set between <u>70</u> ft. and <u>130</u> ft. _____ Fittings: _____ Size range of material <u>3/8</u> - <u>200</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						9 Static water level: <u>32'</u> ft. below land surface Date <u>4-3-75</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 _____ 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						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, KS</u> Signed <u>Gus Koehn</u> Date <u>4-3-75</u> Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5