

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

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

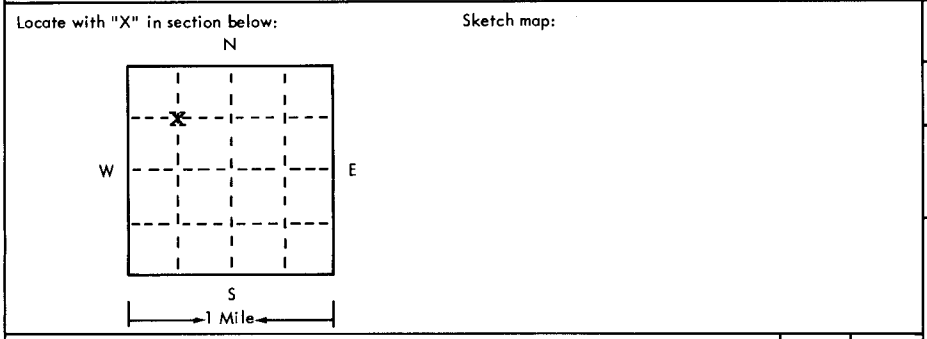
WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Kiowa	Township name XX Valley	Fraction CNW$\frac{1}{4}$	Section number 28	Town number T27S	Range number R18W
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Distance and direction from nearest town or city:
7 $\frac{1}{2}$ mi. North of Greensburg, Kansas
Street address of well location if in city:

3 Owner of well:
Gus Koehn
Address:
Canton, Kansas



4 Well depth: **130** ft. Date of completion **3-31-75**
Well diameter **24** 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 **Steel** Height: **above** / below
Threaded Welded Surface **17** in.
Diam. **16** in. to **70** ft. depth Drive shoe? Yes No
Weight **30.3** lbs./ft. **16** in. to **70** ft. depth

2	Type and color of material	From	To
	Sandy top soil	0	4
	Sand, sandstone & clay streaks	4	32
	Sand & gravel	32	40
	Brown clay & limestone	40	48
	Sand, gravel & clay streaks	48	53
	Sand & gravel	53	130
	(use a second sheet if needed)		

8 Screen:
Manufacturer **W. A. Brown**
Type **Double-slot** Dia. **16"**
Slot gauge **1/8** Length **60**
Set between **70** ft. and **130** ft.
Fittings:
Gravel pack Yes No Size range of material **3/8-** 200

9 Static water level:
39 ft. below land surface Date **3-31-75**

10 Pumping level below land surfaces: **N/C**
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter **12** 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. _____ 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

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.
Clarke Well & Eq., Inc. **XX185**
Business name _____ License No. _____
Address **Great Bend, KS**
Signed **OW Clarke** Date **3-31-75**
Authorized representative

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

Form WWC-5