

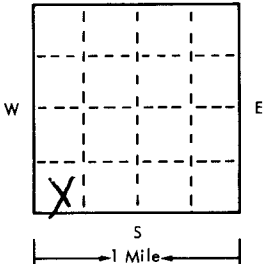
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

XSE SW SW

1 Location of well:		County <u>Sedgwick</u>	Township name <u>Attica</u> Union	Fraction <u>P-27-S</u>	Section number <u>3</u>	Town number <u>27S</u>	Range number <u>R2W</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>3s Colwich</u>				3 Owner of well: Address: <u>Jack Amfeld Colwich Ks</u>			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <u>65</u> ft. Date of completion <u>2-25-75</u> Well diameter <u>5</u> in.		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	
2 Type and color of material		From		To		6 Use: <input checked="" 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 type="checkbox"/> Test well <input type="checkbox"/>	
						7 Casing: Material <u>RMP</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>65</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
Red clay		0		30		8 Screen: Manufacturer <u>Jaco</u> Type <u>RMP slotted</u> Dia. <u>5"</u> Slot/gauze <u>1/8" x 1/8"</u> Length <u>10'</u> Set between <u>65</u> ft. and <u>55</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>	
sand		30		65		9 Static water level: <u>30</u> ft. below land surface Date <u>2-25-75</u>	
						10 Pumping level below land surfaces: _____ 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>18</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"/> <u>Cement</u> Depth: From <u>15</u> ft. to <u>5</u> ft.	
						14 Nearest source of possible contamination: ft. <u>5 mi</u> Direction <u>North</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Rumpeo</u> Model number <u>2348</u> HP <u>3/2</u> Volts <u>110</u> Length of drop pipe <u>50</u> ft. capacity <u>15</u> g.p.m. Type: <input checked="" 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>Werning</u> <u>238</u> Business name _____ License No. _____ Address <u>DN Werning</u> Signed _____ Date <u>5-24-75</u> Authorized representative	
(use a second sheet if needed)							
Tapography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley							

27 2W 3 SESW SW