



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

County	Township name	Fraction	Section number	Town number	Range number
Gray	Copeland	SE $\frac{1}{4}$	5	27	30

Distance and direction from nearest town or city: **13 Miles North and 1/2 East of Copeland**

Street address of well location if in city: **Copeland**

3 Owner of well: **Wilbur Koehn**  
Address: **Copeland, Kansas**

Locate with "X" in section below: Sketch map:

N

W E

S

1 Mile

4 Well depth: **200** ft. Date of completion **5-1-75**  
Well diameter **26** 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 **back**  
Threaded ☐ Welded ☒ Surface **12** in.  
Diam. **16** in. to **200** ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen:  
Manufacturer **W A Brown**  
Type **Free Flo** Dia. **16**  
Slot/gauze **Slot** Length **2"**  
Set between **120** ft. and **200** ft.  
Fittings:  
Gravel pack ☒ Yes ☐ No Size range of material **5/8**

9 Static water level:  
**65** ft. below land surface Date **5-3-75**

10 Pumping level below land surfaces: **Not Test Pumped**  
\_\_\_\_ ft. after \_\_\_\_ hrs. pumping \_\_\_\_ g.p.m.  
\_\_\_\_ ft. after \_\_\_\_ hrs. pumping \_\_\_\_ g.p.m.  
Estimated maximum yield **1200** g.p.m.

11 Water sample submitted:  
☐ Yes ☒ No Date \_\_\_\_

12 Well head completion:  
☐ Pitless adapter ☒ Inches above grade

13 Well grouted? ☒ Yes ☐ No  
☒ Neat cement ☐ Bentonite ☐ \_\_\_\_\_  
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination: **None**  
ft. \_\_\_\_ Direction \_\_\_\_ Type \_\_\_\_  
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: ☐ Not installed  
Manufacturer's name **Layne**  
Model number **1974** HP **100** Volts \_\_\_\_  
Length of drop pipe **140** ft. capacity **1500** m.p.  
Type:  
☐ Submersible ☐ Turbine  
☐ Jet ☐ Reciprocating  
☐ Centrifugal ☐ Other

16 Remarks: elevation  
**Machine Levelled**

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.  
**Dunham Drilling** **223**  
Business name License No.  
Address **Copeland Kansas**  
Signed **Dunham** Date **6-20-75**  
Authorized representative

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

Form WWC-5