

Sent 2-21-77

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>AFTON</u>	Fraction <u>NENE</u>	Section number <u>21</u>	Town number <u>28S</u>	Range number <u>3W</u>
Distance and direction from nearest town or city: <u>8 miles N of Viola, KS.</u>				3 Owner of well: <u>Ralph C. AMM</u>		
Street address of well location if in city: <u>on Viola Rd.</u>				Address: <u>997 N Robin Rd</u> <u>Viola, Ia, KS.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>95</u> ft. Date of completion <u>4/27</u> Well diameter <u>5</u> 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 <u>EMP</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>95</u> ft. depth Weight <u>150</u> lbs./ft. <u>100</u> <u>5</u> in. to <u>95</u> ft. depth Drive shoe? ☐ Yes ☒ No		
2		Type and color of material		8 Screen: <u>Sunflower</u> Manufacturer <u>Sunflower</u> Type <u>plastic</u> Dia. <u>5 1/4</u> Slot/gauze <u>1/8</u> Length <u>50</u> Set between <u>45</u> ft. and <u>95</u> ft. Fittings: <u>3/8</u> Gravel pack ☒ Yes ☐ No Size range of material <u>3/8</u>		
		From To		9 Static water level: <u>35</u> ft. below land surface Date <u>4/27</u>		
				10 Pumping level below land surfaces: <u>40</u> ft. after <u>3</u> hrs. pumping <u>18</u> g.p.m. <u>40</u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.		
				11 Water sample submitted: ☐ Yes ☒ No Date <u> </u>		
				12 Well head completion: ☐ Pitless adapter <u>12</u> inches above grade		
				13 Well grouted? ☒ Yes ☐ No ☐ Neat cement ☐ Bentonite <u>concrete</u> Depth: From <u>3</u> ft. to <u>15</u> ft. <u>MHC</u>		
				14 Nearest source of possible contamination: ft. <u>20</u> Direction <u>NW</u> Type <u> </u> Well disinfected upon completion? ☒ Yes ☐ No		
				15 Pump: ☐ Not installed Manufacturer's name <u>Valley</u> Model number <u>1807</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>80</u> ft. capacity <u>15</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation		(use a second sheet if needed)		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 Bels</u> <u>318</u> Business name <u>R. I. Colwich</u> License No. <u> </u> Address <u> </u> Date <u>4/27</u> Signature <u> </u> Authorized representative		

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

Form WWC-5