

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

Page one.

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

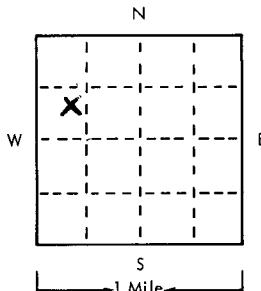
WATER WELL RECORD
KSA 82a-1201-1215

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

Location

1 Location of well:	County GRAY	Township name Copeland	Fraction NESW NW	Section number 13	Town number 28	Range number 30 W
Distance and direction from nearest town or city: 1/2 N 5 1/2 W 1/2 N 1/4 E 1/4 N			3 Owner of well: Verle Saich Address: Montezuma, Ks.			

Locate with "X" in section below:



Sketch map:

4 Well depth: 372 ft. Date of completion _____
Well diameter 28 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 in.
Diam. 16 in. Weight lbs./ft. _____
16 in. to 153 ft. depth Drive shoe? Yes No
in. to 153 ft. depth 153

8 Screen:
Manufacturer W.A. Brown
Type Bridge Dia. 16
Slot/gauge 1/8 Length _____
Set between 153 ft. and 372 ft.
Fittings:
Gravel pack Yes No Size range of material 2 down

9 Static water level: 136 ft.
136 ft. below land surface Date _____

10 Pumping level below land surfaces:
170 ft. after _____ hrs. pumping 1200 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 Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite Concrete
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 Western Land Roller
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity 865 g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

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.
Johnson Drilling 183
Business name Box 746 License No. _____
Address Janice Alder Date 9/26/26
Signed Janice Alder Authorized representative

2	Type and color of material	From	To
	surface	0	2
	clay	2	87
	clay & caliche	87	103
	sand & gravel	103	120
	med. sand small gravel	120	137
	caliche & clay	137	150
	hard stringers & clay	150	156
	med. sand & gravel	156	169
	cemented sand	169	171
	med. sand & gravel	171	178
	clay	178	185
	med. sand	185	191
	clay	191	204
	med. fine sand	204	211
	clay	211	226
(use a second sheet if needed)			

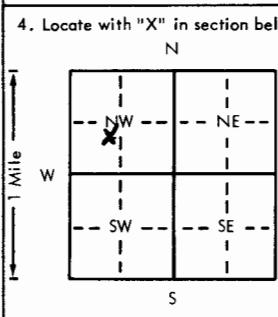
16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 Valley

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WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County <i>Geary</i>	Fraction <i>NE 1/4 SW 1/4 NW 1/4</i>	Section number <i>13</i>	Township number <i>T 28 S</i>	Range number <i>R 30 E</i>
2. Distance and direction from nearest town or city: <i>SW 5 SW 5N 25E 25N Montezuma</i>	3. Owner of well: <i>Verde Soie</i>				
Street address of well location if in city: <i>Montezuma, KS</i>					
4. Locate with "X" in section below: 					
Sketch map:					
5. Type and color of material					
fine sand & layers clay		From <i>226</i>	To <i>237</i>	6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.	
caliche & clay		237	252	7. <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 type="checkbox"/> Reverse rotary	
fine sand layers & clay layers		252	271	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
sand layers & clay		271	283	9. Casing: Material _____ Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____	
fine sand layers		283	291	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. ft. and _____ ft. Gravel pack? _____ Size range of material _____	
med. sand some clay layers		291	331	11. Static water level: _____ mo./day/yr. ft. below land surface Date _____	
sand & gravel		331	356	12. 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.	
shale		356	372	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: Pitless adapter _____ Inches above grade					
15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.					
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					
19. Remarks: (Use a second sheet if needed)					
20. 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.					
Business name _____ License No. _____ Address _____ Signed _____ Authorized representative _____ Date _____					