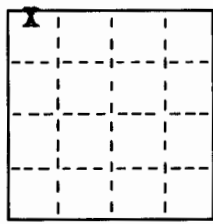


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>GRAY</b>	Township name <b>WEST HESS</b>	Fraction <b>NW 1/4 NW 1/4</b>	Section number <b>#18</b>	Town number <b>T#29 S</b>	Range number <b>R #28 W</b>
Distance and direction from nearest town or city: <b>4 Miles South of Montezuma, Kansas</b> Street address of well location if in city:			3 Owner of well: <b>DALE KOEHN</b> Address: <b>MONTEZUMA, KANSAS 67867</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <b>NW 1/4 of the NW 1/4 of Section 18</b> <b>Town #29S, Range #28W</b>			4 Well depth: <b>135</b> ft. Date of completion: <b>1-20-75</b> Well diameter: <b>8</b> in.
2 Type and color of material			From	To	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	
Top Soil & Clay			0	15	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	
Clay			15	30	7 Casing: Material <b>RMP</b> Height: above <del>surface</del> <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>135</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to ft. depth	
Fine Sand & Clay			30	45	8 Screen: <b>Jess &amp; Lowell</b> Manufacturer <b>RMP</b> Dia. <b>5"</b> Type <b>RMP</b> Slot gauge <b>1/8"</b> Length <b>20ft.</b> Set between <b>130</b> ft. and <b>110</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>	
Clay & Fine Sand			45	60	9 Static water level: <b>91</b> ft. below land surface Date <b>1-20-75</b>	
Fine Sand			60	75	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.	
Medium Sand			75	90	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
Medium Sand			90	105	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12"</b> inches above grade	
Medium Sand			105	118	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <b>8</b> ft. to <b>20</b> ft.	
Clay			118	128	14 Nearest source of possible contamination: <b>Sewer System</b> ft. <b>100</b> Direction <b>SE</b> Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medium Sand			128	133	15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number HP Volts Length of drop pipe ft. capacity g.m.p. 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	
Clay			133	190	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. <b>JOE'S WELL SERVICE</b> <b>179</b> Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Tony Erick</b> Date <b>2-7-75</b> Authorized representative	
Blue Shale			190	195		
(use a second sheet if needed)						
16 Remarks: elevation <b>Well is good location.</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5