



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   | Montezuma     | NE 1/4   | 31             | 29          | 29           |

Distance and direction from nearest town or city: **5 Mile East and 3 3/4 South of Copeland**

3 Owner of well: **Tony Fisher**

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

Address: **Copeland, Kansas**

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

N

W E

S

1 Mile

4 Well depth: **277** ft. Date of completion **12-16-74**  
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/below  
Threaded ☐ Welded ☒ Surface **12** in.  
Diam. Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
**16** in. to **277** ft. depth! Drive shoe? ☐ Yes ☒ No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth!

8 Screen:  
Manufacturer **W. A. Brown**  
Type **Free Flo** Dia. **16**  
Slot/gauze **Slot** Length **2"**  
Set between **197** ft. and **277** ft. \_\_\_\_\_  
Fittings:  
Gravel pack ☒ Yes ☐ No Size range of material **5/8**

9 Static water level:  
**152** ft. below land surface Date **12-18-74**

10 Pumping level below land surfaces:  
**176** ft. after **4** hrs. pumping **1400** g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield **1500** 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 \_\_\_\_\_ ft. to \_\_\_\_\_ 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 **240** ft. capacity **1200** g.p.m.  
Type:  
☐ Submersible ☒ Turbine  
☐ Jet ☐ Reciprocating  
☐ Centrifugal ☐ Other

16 Remarks: elevation **Level Land**

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 Co.** **223**  
Business name License No.  
Address **Copeland, Kansas**  
Signed **[Signature]** Date **6-20-75**  
Authorized representative

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

Form WWC-5