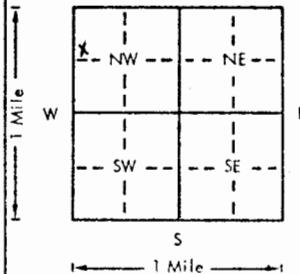USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 GRAY | Fraction SW 1/4 NW 1/4 NW 1/4 | Section number 4 | Township number 29 S | Range number 30 E/W |

2. Distance and direction from nearest town or city:
1 N Copeland 1 E 1/4 N
Street address of well location if in city:

3. Owner of well: Mildred REED
R.R. or street: R1 2 Box 43
City, state, zip code: Copeland Kansas

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

N

X NW -- -- NE --

W   E

-- SW -- -- SE --

S

|--------- 1 Mile ---------|

6. Bore hole dia. 9 in. Completion date 8/23/80
Well depth 280 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above or below
Threaded _____ Welded _____ Surface 14 in.
RMP_____ PVC glue Weight _____ lbs./ft.
Dia. 5 in. to 220 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. C258

5. Type and color of material	From	To
Overburden	0	160
Medium sand + gravel	160	220
medium sand + clay	220	280

10. Screen: Manufacturer's name _____
Peerless
Type PVC Dia. 5"
Slot/gauze 1/16 Length 60'
Set between 220 ft. and 280 ft.
_____ ft. and _____ ft.
Gravel pack? Yes Size range of material 1/8

11. Static water level:
160 ft. below land surface Date 8/23/80 mo./day/yr.

12. Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 50 g.p.m.

13. Water sample submitted: mo./day/yr.
_____ Yes X No Date _____

14. Well head completion:
__ Pitless adapter 14 Inches above grade

15. Well grouted? Yes
With: X Neat cement _____ Bentonite _____ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? _____ Yes X No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
__ Submersible   __ Turbine
__ Jet   __ Reciprocating
__ Centrifugal   __ Other

(Use a second sheet if needed)

18. Elevation:

Topography:
_____ Hill
_____ Slope
X Upland
_____ Valley

19. Remarks:
Pump to be installed by
Dunham Drilling Copeland Ks.

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.
T+W Water Well Service 142
Business name _____ License No.
Address Box 816 Liberal KSE701
Signed _____ Date 9/30/80
Authorized representative

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5