

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

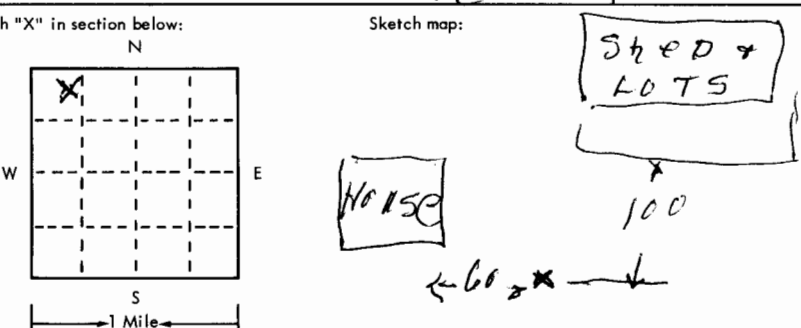
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well: County RINGBORN Township name _____ Fraction NW Section number 36 Town number 395 Range number 4W

Distance and direction from nearest town or city: 1E - 1 1/2 M 3 Owner of well: BILL ADELHART
Street address of well location if in city: Zenda Address: ZENDA, KS

Locate with "X" in section below: Sketch map: SHED & LOTS

4 Well depth: 40 ft. Date of completion 5-18-76
Well diameter 8 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 PVC Height: above/below
Threaded Welded Surface N/A
Diam. _____ Weight _____ lbs./ft. _____
4 in. to 40 ft. depth Drive shoe? Yes No
____ in. to ____ ft. depth

2	Type and color of material	From	To
	Soil	0	3
	Shale	3	40

8 Screen: Manufacturer PERISS
Type PVC Dia. 4
Slot/gauze 0.35 Length 25
Set between 15 ft. and 40 ft.
Fittings:
Gravel pack Yes No Size range of material _____
9 Static water level: 12 ft. below land surface Date 5-18-76
10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 10 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 2 ft. to 14 ft.
14 Nearest source of possible contamination:
ft. 100 Direction NE Type LOT
Well disinfected upon completion? Yes No
15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation _____
Topography: Pump installation & cement work to be done by customer
 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.
LYMAN BROS 140
Business name _____ License No. _____
Address NL
Signed W.H. Lyman Date 6-6-76
Authorized representative

29 SW 36 NW