

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

3020W19SENE  
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 <b>Kiowa</b>	Township name	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section number <b>19</b>	Town number <b>T 30 S</b>	Range number <b>R 20 W</b>		
Distance and direction from nearest town or city: <b>8 N 12 W 2 1/2 N of Oklawaha, Ks.</b>				3 Owner of well: <b>Vennon Huck</b> Address: <b>RFD Protection Oklawaha Kans</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>127</b> ft. Date of completion <b>10/10/74</b> Well diameter <b>8.5</b> in.		
2 Type and color of material			From		To			
			Brown Sandy top soil		0 5		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
			Sand & brownish layers of clay		5 100		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
			Sand - clay & gravel		100 127		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 <input type="checkbox"/>	
							7 Casing: Material <b>RMP</b> Height: <b>above</b> below	
							Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.	
							Diam. <b>9 1/4</b> Weight <b>200</b> lbs./ft.	
							<b>0</b> in. to <b>127</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>—</b> in. to <b>—</b> ft. depth				
			8 Screen:		Manufacturer <b>Sunflower Plastics</b>			
					Type <b>RMP</b> Dia. <b>5 in</b>			
					Slot/gauge <b>.06</b> Length <b>20</b>			
					Set between <b>100</b> ft. and <b>120</b> ft.			
					Fittings:			
					Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4-1/2</b>			
					9 Static water level: <b>30</b> ft. below land surface Date <b>—</b>			
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.			
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>—</b>			
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.			
					14 Nearest source of possible contamination: <b>None in</b> ft. _____ Direction <b>None</b> Type <b>new</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
					15 Pump: <input 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 checked="" type="checkbox"/> Other <b>Windmill</b>			
16 Remarks: elevation			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>Lehman</b> <b>141</b> Business name _____ License No. _____ Address <b>Alva Okla</b> Signed <b>Carl Lehman</b> Date <b>11/10/75</b> Authorized representative					
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								

30 20 W 19 SE SE NE

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

Farm WWC-5