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	Township name	Fraction	Section number	Town number	Range number
	Kingman		SE NW NE	5	T 30S	8W

Distance and direction from nearest town or city: 2E 2N 3/4E of Zenda

Street address of well location if in city: Zenda

3 Owner of well: Leonard Orch

Address: Zenda, KS

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

N

W E

S

1 Mile

SE 1/4 NW 1/4 NE 1/4

4 Well depth: 74 ft. Date of completion 8-26

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 24 in.

Diam. 4 in. to 74 ft. depth Weight 160 lbs./ft.

Drive shoe? ☐ Yes ☐ No

___ in. to ___ ft. depth

2

Type and color of material	From	To
Soil	0	4
Sand	4	8
Shale	8	74
(use a second sheet if needed)		

8 Screen:

Manufacturer Peerless

Type PVC Dia. 4

Slot/gauze 035 Length 12 ft

Set between 62 ft. and 74 ft.

Fittings:

Gravel pack ☒ Yes ☐ No Size range of material 1/2 down

9 Static water level:

55 ft. below land surface Date 8-25-75

10 Pumping level below land surfaces:

___ ft. after ___ hrs. pumping ___ g.p.m.

___ ft. after ___ hrs. pumping ___ g.p.m.

Estimated maximum yield 15 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 5 ft. to 15 ft.

14 Nearest source of possible contamination: Cattle

ft. 150 Direction S 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

☐ Certrifugal ☐ Other

16 Remarks: elevation

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.

LYMAN BROS INC

Business name License No.

Address ONTLIFF

Signed W H Lyman Date 8-30-75

Authorized representative

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

Form WWC-5