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
	Stevens	?	NE¼/NW¼/SE¼	14	T 31 S	R 36 W

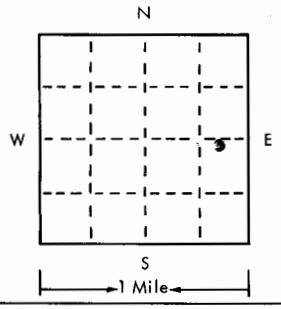
Distance and direction from nearest town or city: 1½ N 1/4 East of Moscow

Street address of well location if in city:

3 Owner of well: Alvin Gaskill
Moscow, Kansas

Address:

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Top Soil	0	2
Overburden	2	180
Coarse Sd. & Gravel	180	240
Clay	240	260
Sand & Gravel	260	340
Coarse Sd. & Clay	340	410
Fine Sd. & Clay	410	478
Red Bed	478	500
(use a second sheet if needed)		

4 Well depth: 478 ft. Date of completion 5/26/75
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. 16 in. to 478 ft. depth Weight 42.5 lbs./ft. 1
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer L. B. Foster
Type Steel Dia. 16"
Slot/gauze 48 Length 8'
Set between 208 ft. and 478 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 48 to 14

9 Static water level:
___ ft. below land surface Date ___

10 Pumping level below land surfaces: NA
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter NA ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
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: Pump Set By Third Party
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation 8A None
14 Crop 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.
KTM DRILLING, INC. 225
Business name License No.
Address Box 1385, Guymon, Okla.
Signed [signature] Authorized representative Date 6/6/75

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

Form WWC-5