

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

BDB MT. JESUS
NWSE NW

WATER WELL RECORD
KSA 82a-1201-1215

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

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

1 Location of well:	County CLARK	Township name Lepton	Fraction NE	Section number 1 5	Town number 32S 32S	Range number 21W 21W
Distance and direction from nearest town or city:				3 Owner of well: Wallis Harden		
Street address of well location if in city:				Address: ASHLAND KANSAS		
Locate with "X" in section below:		Sketch map:		4 Well depth: 130 ft. Date of completion 8-23-75 Well diameter 28 in.		
		BUCKLIN 34 HIGHWAY 225 mi EAST 1/4 mile		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
2		Type and color of material		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well		
				7 Casing: Material STEEL Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 60 in. Diam. 16 in. to 135 ft. depth / Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer PARKER Type PURCH Dia. 16" Slot gauze 3/16 Length 50 Set between 80 ft. and 130 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"		
				9 Static water level: 10 ft. below land surface Date 8-23-75		
				10 Pumping level below land surfaces: 80 ft. after 2.5 hrs. pumping 1000 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> GRF Depth: From 10 ft. to 16 ft. top of hole		
				14 Nearest source of possible contamination: stone ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Fairbanks Morse Model number 2000 HP 100 Volts _____ Length of drop pipe 20 ft. capacity 1400 g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
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. BRAD D. HUGHES Business name _____ License No. _____ Address 601 ST Signed Brad W. Hughes Date 8-26-75 Authorized representative 8-26-75		
		Topography: <input type="checkbox"/> Hill 7144 <input type="checkbox"/> Slope 1090 <input type="checkbox"/> Upland <input type="checkbox"/> Valley		1982 120 1862		

32 21W 5 NWSE NW

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

Form WWC-5