

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

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

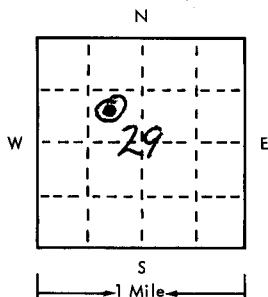
1 Location of well:	County MORTON	Township name Westola	Fraction SE NW 1/4	Section number 29	Town number 33	Range number 43
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Distance and direction from nearest town or city:
10 North 6 1/2 West 1/2 North ELKHART-KANS
Street address of well location if in city:

3 Owner of well: **LOUIS RYMAN**
Address: **Box 146 ELKHART-KANS 67950**

Locate with "X" in section below:

Sketch map:



2 Type and color of material

From

To

CLAY-Gyp & SAND STKS

0

65

SAND & CLAY

65

100

CLAY & SANDY STKS

100

170

CLAY & SILTY TANS. R.

170

185

TANS. R. CHUNKY

185

250

RED-TANS. R. Fairly CLEAN

250

290

RED-TANS. R.

290

305

TAN-RED S. R. using water

305

330

RED S. R. Red Clay STKS L.C. 435

330

460

(use a second sheet if needed)

16 Remarks: elevation

Topography:

- ☐ Hill
☐ Slope
☒ Upland
☐ Valley

4 Well depth: **460** ft. Date of completion **10-27-75**
Well diameter **19** 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 **219** Height: **above** below
Threaded ☐ Welded ☒ Surface **15** in.
Diam. **16** in. to **19 1/2** ft. depth Weight **14** lbs./ft. No
14 in. to **460** depth Drive shoe? ☐ Yes ☒ No

8 Screen: **460**
Manufacturer _____
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between **193** ft. and **460** ft.
Fittings:
Gravel pack ☐ Yes ☒ No Size range of material _____

9 Static water level:
116 ft. below land surface Date **10-27-75**

10 Pumping level below land surfaces:
385 ft. after **12** hrs. pumping **370** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **370** 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 ☒ Concrete
Depth: From **112** ft. to **460** ft. **Below Ground**

14 Nearest source of possible contamination: **NONE**
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.p.m.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ Other

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.
Ralph's Irrigation Drilling & Contr.
Business name _____ License No. _____
Address **1300 S. MAIN**
Signed **Ralph L. Wilson** Date **Dec. 2-75**
Authorized representative