

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

ASHLAND SE

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

WATER WELL RECORD KSA 82a-1201-1215

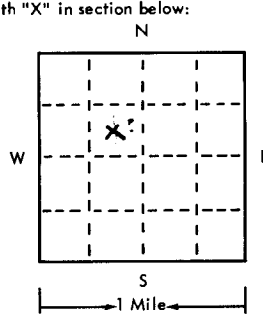
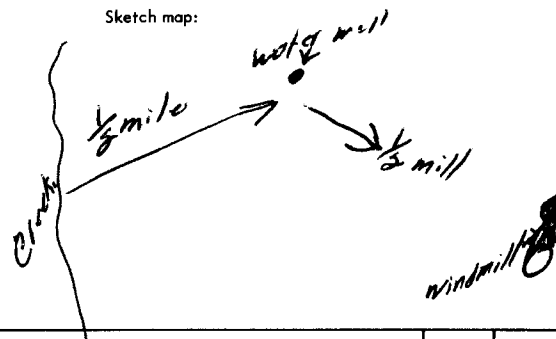
Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

BD (water)

1 Location of well: County **CLARK** Township name **CLARK** Fraction **C-SE NW 1/4** Section number **23** Town number **34S** Range number **23W**

2 Distance and direction from nearest town or city: **6 S 3/4 W ASHLAND, KAN.**
Street address of well location if in city: _____

3 Owner of well: **DUNN RANCH ASHLAND, KANSAS**
Address: _____

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

4 Well depth: **65** ft. Date of completion **9-11-75**
Well diameter **9** 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 **18** in.
Diam. **glued** Weight **200** lbs./ft. _____
5 in. to _____ ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	surface	0	2
	small sand	2	5
	small gravel	5	65

8 Screen: **pvc**
Manufacturer **can-tex**
Type **pvc** Dia. **5"**
Slot/gauze **1/16"** Length **20"**
Set between _____ ft. and _____ ft. _____
Fittings: _____
Gravel pack Yes No Size range of material **1/8"**

9 Static water level: **5** ft. below land surface Date **9-11-75**

10 Pumping level below land surfaces:
8 ft. after **1** hrs. pumping **100** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield **100** 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 cement
Depth: From **5** ft. to **15** 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.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation **DUNN RANCH WILL RUN CEMENT SLAB**
Topography:
 Hill Slope Upland Valley
TOPD
Vergil Bowman

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.
Craig Water WEL 239
Business name _____ License No. _____
Address **Box 521 Woodward, Okla**
Signed **Craig** Date **9-28-75**
Authorized representative

1869
65
1804

34 23W 22 CSE NW

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

Form WW-C-5