

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

DAA ASHLAND SE
NE NE 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

1 Location of well:		County CLARK	Township name	Fraction NE-1/4	Section number 30	Town number 34 S	Range number 23 W
Distance and direction from nearest town or city: 9 South 1/4 West ASHLAND, KANSAS				3 Owner of well: DUNN RANCH ASHLAND, KANSAS			
Locate with "X" in section below:		Sketch map:		4 Well depth: 40 ft. Date of completion: 12-8-75 Well diameter: _____ in.			
				5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary			
2 Type and color of material		From	To	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well			
Surface		0	2	7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 70 in. Diam. gilded Weight 300 lbs./ft. ____ in. to ____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ____ in. to ____ ft. depth			
Large sand		2	30	8 Screen: PVC Manufacturer Can-tek Type PVC Dia. 5" Slot/gauze 1/16" Length 20' Set between 40 ft. and 40 ft.			
Small gravel		30	65	Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8"			
				9 Static water level: -6 ft. below land surface Date 12-8-75			
				10 Pumping level below land surfaces: 6 ft. after 1 hrs. pumping 100 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 200 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement Depth: From 5 ft. to ____ ft.			
				14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity ____ 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 Concrete slab to be run by:		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 well 239 Business name _____ License No. _____ Address Box 524 Woodward Okla Signed Jeff Robinson Date 12-8-75 Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley 1010 Virgil Bowman 1887 65 1822							

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

Form WW-5

34 23W 30 NE NE SE