

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

34 9W 14CNW 54
T R EW sec 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 <u>Harper</u>	Township name <u>Blaine</u>	Fraction <u>SW 1/4</u>	Section number <u>14</u>	Town number <u>T 34S</u>	Range number <u>R 9W</u>				
Distance and direction from nearest town or city: <u>2 1/2 E of Cehwin, KS.</u>				3 Owner of well: <u>Gerald D. Kamp</u> Address: <u>Waldron, KS.</u>						
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>56</u> ft. Date of completion <u>6/2/75</u> Well diameter <u>8.5</u> 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						
				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 <input type="checkbox"/> _____						
2		Type and color of material		From		To		7 Casing: Material <u>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>7 1/4</u> Weight <u>200</u> lbs./ft. <u>0</u> in. to <u>56</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!		
								8 Screen: Manufacturer <u>Sunflower Plastics</u> Type <u>RMP</u> Dia. <u>5 in</u> Gauge <u>26</u> Length _____ Set between <u>22</u> ft. and <u>52</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2-3/4</u>		
								9 Static water level: <u>15</u> ft. below land surface Date <u>10/8/75</u>		
								10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>3</u> 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 checked="" type="checkbox"/> Inches above grade		
								13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
								14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>N</u> Type <u>Banyard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
								15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other <u>Windmill</u>		
16 Remarks: elevation <u>level land.</u>								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. <u>LCH 1537 141</u> Business name <u>132 E. OK A 1/2, 3K</u> License No. _____ Address <u>Carl Fehl</u> Signed _____ Date <u>4/21/75</u> Authorized representative		

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