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

35 / 10 W / 16 NW 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	Township name	Fraction	Section number	Town number	Range number
	Barber		NW NE SE	16	35S	10W

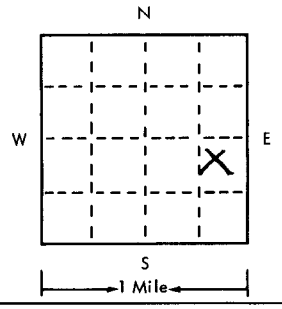
Distance and direction from nearest town or city:

Street address of well location if in city:

3 Owner of well: HARRY SCHUPBACH

Address: KIOWA, KS

Locate with "X" in section below:



Sketch map:

Pasture

4 Well depth: 26 ft. Date of completion 10-6-75
Well diameter 8 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 20 in.
Diam. 4 in. to 26 ft. depth Weight _____ lbs./ft.
___ in. to ___ ft. depth Drive shoe? ☐ Yes ☒ No

2 Type and color of material	From	To
Soil	0	4
Clay	4	14
Med Sand	14	19
Shale	19	26
(use a second sheet if needed)		

8 Screen:
Manufacturer Peerless
Type PVC Dia. 4
Slot/gauze 035 Length 10
Set between 16 ft. and 26 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
5 ft. below land surface Date 10-6-75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 10 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

12 Well head completion: NA
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐ _____
Depth: From 0 ft. to 12 ft.

14 Nearest source of possible contamination:
ft. _____ Direction ASTUR 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.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☒ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☐ Upland
☒ Valley

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.
LYMAN BROS 140
Business name License No.
Address Medicine
Signed W F Lyman Date 10-28-75
Authorized representative

35 10W 16 NW NE SE

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

Form WWC-5

677-H