

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

WATER WELL RECORD
KSA 82a-1201-1215

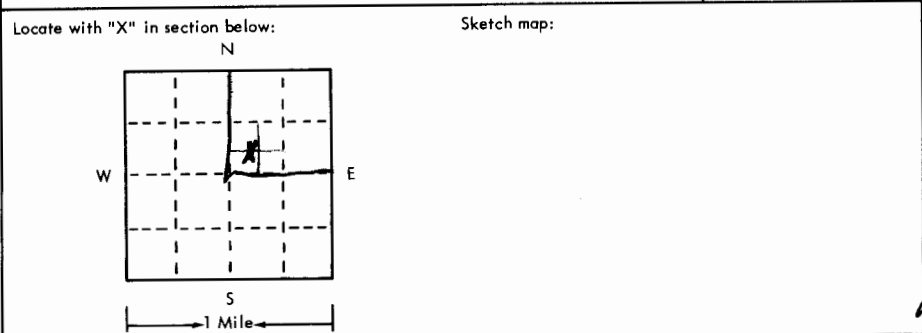
T R EW sec 1/4 1/4 1/4 No.

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

77 ROUT
CRITIK
CSW NE 1/4

1 Location of well:	County Clark	Township name	Fraction	Section number 5	Town number 35	Range number 21
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Distance and direction from nearest town or city: *6E*
Street address of well location if in city:
3 Owner of well: **Gabe Stegman**
RT. 1
Address: **Ashland, Kansas**



4 Well depth: **76** ft. Date of completion **4-3-75**
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 _____ Height: above/below _____
Threaded Welded Surface **18"** in. PVC
Diam. **18** in. to _____ ft. depth Drive shoe? Yes No
Weight **200** lbs./ft.
18 in. to **76** ft. depth

2	Type and color of material	From	To
	surface	0	5
	brown clay	5	10
	small gravel large sand	10	35
	small sand	35	45
	large gravel, large sand	45	68
	red bed & green clay	68	76

8 Screen: *NA Sawed*
Manufacturer *Capco Pipe*
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between **52** ft. and **72** ft.
Fittings:
Gravel pack Yes No Size range of material **1/16"**
9 Static water level: **28'** ft. below land surface Date **4/3/75**
10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
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12 Well head completion: **18"**
 Pitless adapter **18"** Inches above grade

13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Brock 68'</i>
<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____	<i>28</i>
Depth: From 0 ft. to 10 ft.	<i>40' sat thick</i>

14 Nearest source of possible contamination: **Dirt Arrow**
ft. _____ Direction **Arrow** Type _____
Well disinfected upon completion? Yes 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 _____	

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 521 Woodward, Okla**
Signed *[Signature]* Date **4-24-75**
Authorized representative _____ Date **4/3/75**

16 Remarks: elevation **Alluvium**
Sealed Casing upon Completion
Gabe Stegman is to
Run 5' slab around well

Unless they're contamination they're in Contamination Area I have to know.
Right around drilling area I have to know.

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

Topography:
 Hill
 Slope
 Upland
 Valley

1833
68
1765
Form WWC-5
677-H