

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

AAA

1 Location of well:	County CLARK	Township name [REDACTED]	Fraction NE 1/4 NE 1/4	Section number 15	Town number 355	Range number 25W
Distance and direction from nearest town or city: 3M SW ENGLEWOOD, KANSAS				3 Owner of well: UNIT DRUG Co, 1101 Petro. Club BLDG. Tulsa, Oklahoma		
Street address of well location if in city:				Address:		
Locate with "X" in section below:		Sketch map:				
N						
W E						
S						
1 Mile						
2	Type and color of material			From	To	
	SURFACE			0	10	
	LARGE SAND			10	40	
	SMALL GRAVEL LARGE SAND			40	60	
	LARGE SAND			60	80	
	BLUE CLAY			80	100	
	BROWN CLAY FINE SAND			100	130	
	RED BED			130	140	
(use a second sheet if needed)						
16 Remarks: elevation						
<p><i>Unit DRUG Comp plugged this water well per 28-30-7 Written Com. 4/11/75 DWB</i></p> <p style="text-align:center;">Block 130</p> <p style="text-align:center;">20 110' set thick</p> <p><i>in Alluvium</i></p> <p style="text-align:center;">(use a second sheet if needed)</p>						
16 Remarks: elevation						
<p><i>pump run by CRAIG WATER WELL Box 521 WOODWARD OKLAHOMA pump + pipe disinfected</i></p> <p style="text-align:right;">1984 130 5541</p>						
<p>Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope -10% <input type="checkbox"/> Upland <input type="checkbox"/> Valley</p>						
4 Well depth: 140 ft. Date of completion 1-30-75 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						
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Oil Field						
7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. glued Weight 200 lbs. 5.5 in. to 140 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth						
8 Screen: Manufacturer _____ Type 200 PVC Dia. 5.5" 5/16 gauze 116 Length 40 ft. Set between 50 ft. and 70 ft. _____ 110 - 130 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"						
9 Static water level: 20 ft. below land surface Date 1-30-75						
10 Pumping level below land surfaces: 60 ft. after 1 hrs. pumping 100 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield NA g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____						
12 Well head completion: 18" <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 15 ft. to 5 ft.						
14 Nearest source of possible contamination: ft. _____ Direction NONE Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name REDA Model number 5D527A 5 Volt: 230 Length of drop pipe 120 ft. capacity 100 g.m.p. Type: <input checked="" 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 P.O. Box 521 Signed Fred Craig Date 2-14-75 Authorized representative						