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

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
	Rawlins		NE 1/4 of NW 1/4 of NE 1/4	3	T 3	33 W

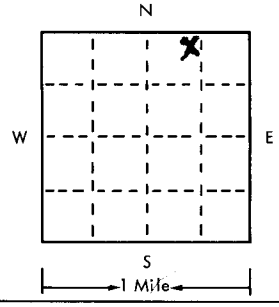
Distance and direction from nearest town or city: Northeast of Atwood Kns

Street address of well location if in city:

3 Owner of well: Niles Neiameir

Address: Ludell Kns

Locate with "X" in section below:



Sketch map: 5200' N & 1400' east of SE corner of said section

4 Well depth: 60 ft. Date of completion 3-12-83
Well diameter 6 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 Surface 18 in.
Threaded ☐ Welded ☐ Weight 160 lbs./ft.
Diam. 6 in. to 60 ft. depth Drive shoe? ☐ Yes ☐ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
(01) Top soil & clay	0	28
(11) Med to coarse gravel	28	55
(19) Shale	55	60
(use a second sheet if needed)		

8 Screen:
Manufacturer Gator
Type PVC Dia. 6
Slot/gauze .060 Length 30
Set between 30 ft. and 60 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ___

9 Static water level:
14 ft. below land surface Date 3-12-83

10 Pumping level below land surfaces:
45 ft. after 1 hrs. pumping 450 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter 18 Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☐ Bentonite ☐ ___
Depth: From 10 ft. to 0 ft.

14 Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ☐ Yes ☐ No

15 Pump: ☐ Not installed
Manufacturer's name Valley
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
☒ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Centrifugal ☐ 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.
Bob Wilson Well Drilling
Business name License No.
Address RR4 McCook Ne 386
Signed Bob Wilson Date 3-5-83
Authorized representative

W 3 33 W 1 W NE NW NE

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

Form WWC-5