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
	SMITH	Houston	SESE NW	12	T5S	R14W

Distance and direction from nearest town or city: 3/4 South of Gaylord Kansas

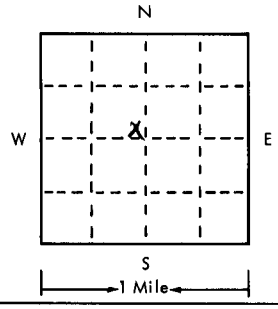
Street address of well location if in city:

3 Owner of well: Bryan D & or Debby Jo Horning

Address: Gaylord Kansas 67638

Locate with "X" in section below:

Sketch map:



4 Well depth: 69 ft. Date of completion 2-5-75
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 Styrene Plastic Height: above/below
Threaded ☐ Welded ☐ Surface 14 in.
Diam. 5 in. to 69 ft. depth Weight 200 lbs./ft.
Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

2

Type and color of material	From	To
top soil & clay	0	15
broken rocks & sand	15	20
Sand & clay	20	50
Clay blue	50	59
Sand & gravel & broken rocks	59	67
Shale	67	80
(use a second sheet if needed)		

8 Screen:
Manufacturer Jet Stream
Type Slotted Plast Dia. 5
Slot/gauze .030 Length 10
Set between 59 ft. and 69 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ~~1/4~~ 3/4

9 Static water level:
26 ft. below land surface Date 2-5-75

10 Pumping level below land surface: unknown
___ ft. after 1 hrs. pumping 60 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100+ g.p.m.

Pumped with air

11 Water sample submitted:
☐ Yes ☒ No Date ___

12 Well head completion:
☐ Pitless adapter ☒ Inches above grade 14

13 Well grouted? ☒ Yes ☐ No
☒ Neat cement ☐ Bentonite ☐
Depth: From 5 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. 100 Direction SW Type Hog lots
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.
Business name Maruhn Well Drilling License No. 165
Address Red Cloud Nebr
Signed Leroy Maruhn Date 8-1-75
Authorized representative

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

Form WWC-5