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

NE 1/4 of the

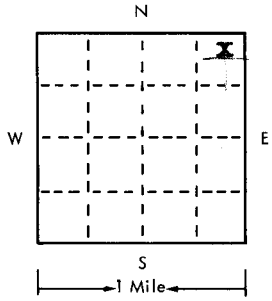
1 Location of well:	County	Township name	Section	Section number	Town number	Range number
	Graham	Indiana	N.E. Corner N.E.40	33	T 6 S	R 24 W

Distance and direction from nearest town or city: 8N, 8W, 0.8N of

Street address of well location if in city: Hill City

3 Owner of well: Delbert Neihaus
Address: Lenora, Kansas. 6

Locate with "X" in section below:



Sketch map:

2 Type and color of material	From	To
Dirt Surface formation Grayish brown	0	25'
&Sandstone Formation " "	25'	85'
~~Limestone~~ " "		
Water Gravel Fine brown sand	85'	[illegible]
Course water Gravel brown	90	150
150'		
150' in Oil		
85 / 65' set thick		
Possible bedrock		
not well known		
Dry hole		
(use a second sheet if needed)		

4 Well depth: 150 ft. Date of completion 6-5/75
Well diameter [illegible] 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 ☐ Stock well

7 Casing: Material Plastic Height: above/below Surface 30 in.
Threaded ☐ Welded ☐ Weight 1.5 lbs./ft. 1
Diam. 5 in. to 150 ft. depth Drive shoe? ☐ Yes ☒ No
___ in. to ___ ft. depth

8 Screen:
Manufacturer Western
Type RMP Dia. 5"
Slot/gauze 1/16 Length 40'
Set between 110 ft. and 150 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/8-1/4

9 Static water level: 85 ft. below land surface Date 6-5-75

10 Pumping level below land surfaces: 90 ft. after 1/2 hrs. pumping 12 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 50 g.p.m.

11 Water sample submitted: ☐ Yes ☒ No Date ___

12 Well head completion: ☐ Pitless adapter ☒ 24 Inches above grade

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

14 Nearest source of possible contamination:
ft. 1500 Direction N Type River
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
Slab to be installed by customer
2445 (Total)

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 Paul E. Brassfield Water Well Drilli License No.
Address Hill City, Kansas 294a
Signed [signature] Date 3-5-76
Authorized representative

6 24W 33 NENENE

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

Form WWC-5