

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 <u>Sheldon</u>	Township name	Section number <u>24</u>	Town number <u>7</u>	Range number <u>29</u>
Distance and direction from nearest town or city: <u>5N 3 1/4 W 1/2 S</u>			3 Owner of well: <u>Archie Moss</u>		
Street address of well location if in city: <u>Hopie KS</u>			Address: <u>Hopie, Kansas</u>		
4 Well depth: <u>240</u> ft. Date of completion <u>9-8-75</u> Well diameter <u>20</u> in.		5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>12 3/4</u> Weight <u>33</u> lbs./ft. L <u>0</u> in. to <u>240</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 Screen: Manufacturer <u>WA BROWN</u> Type <u>LUV 20</u> Dia. <u>12 3/4</u> Slot/gauze <u>7-1/4</u> Length <u>40</u> Set between <u>200</u> ft. and <u>240</u> ft.		9 Static water level: <u>110</u> ft. below land surface Date <u>8-28-77</u>			
10 Pumping level below land surfaces: <u>237</u> ft. after <u>6</u> hrs. pumping <u>1300</u> g.p.m. <u>4</u> ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1300</u> g.p.m.		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
12 Well head completion: <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 <u>0</u> ft. to <u>10</u> ft.			
14 Nearest source of possible contamination: ft. _____ Direction _____ Type <u>None</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. <u>Blair J. Mulligan</u> 214 Business name _____ License No. _____ Address <u>Colby Co.</u> Signed <u>Marilyn Rell</u> Date <u>9-4-77</u> Authorized representative			