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

5C 5C DDD

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	SHERMAN	STATLINE	SE 1/4	15	9	42

Distance and direction from nearest town or city: 3 MILES EAST +
Street address of well location if in city: 5 SOUTH KANORADO

3 Owner of well: GARY WINTER
Address: KANORADO, KANSAS.

Locate with "X" in section below: Sketch map:

N
W E
S
1 Mile

4 Well depth: 287 ft. Date of completion 7-19-75
Well diameter 4½ 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 Steel Height: above/below
Threaded ☒ Welded ☐ Surface 12 in.
Diam. Weight _____ lbs./ft.
4½ in. to 287 ft. depth Drive shoe? ☒ Yes ☐ No
____ in. to ____ ft. depth

2

Type and color of material	From	To
NO LOG AVAILABLE		

(use a second sheet if needed)

8 Screen:
Manufacturer Dodson
Type PERF Dia. 4½
Slot/gauze 16 Length 20
Set between 260 ft. and 287 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material 1/4

9 Static water level:
135 ft. below land surface Date 7-19-75

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 15 g.p.m.

11 Water sample submitted:
☐ Yes ☒ No Date _____

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

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

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

15 Pump: ☐ Not installed
Manufacturer's name Goulds
Model number 13CM412 HP 1½ Volts 230
Length of drop pipe 220 ft. capacity 13 g.m.p.
Type:
☒ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation 3909 (Topo)

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.
Foust Supply Co Inc
Business name License No. 144
Address Box 338.
Signed Ralph Elkins Date 7-22-75
Authorized representative

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

Form WWC-5