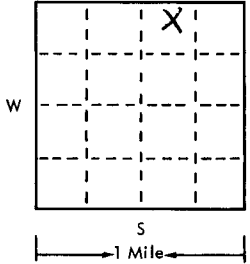
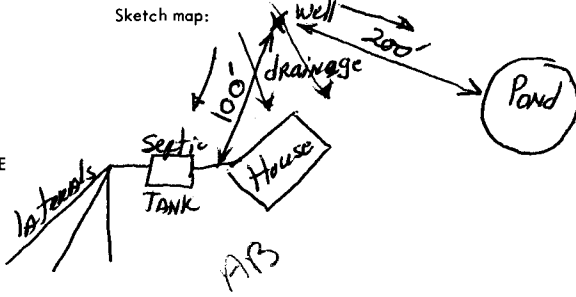


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Dickinson	Township name Liberty MW	Fraction NW 1/4 NE 1/4	Section number 8	Town number T 14 S	Range number R 23 E 4
Distance and direction from nearest town or city: 8S, 6E - Chapman				3 Owner of well: Clyde Haynes		
Street address of well location if in city:				Address: Chapman, Kansas 67431		
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 119 ft. Date of completion 7/30/75 Well diameter 8 in.		
2		Type and color of material		5 <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary		
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material PVC Height above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. 5 " Weight _____ lbs./ft. _____ 5 in. to 119 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
				8 Screen: Manufacturer Western Plastics Type PVC Dia. 5 1/2 " Slot gauze 3/32 Length 2 1/2 " Set between 60 ft. and 119 ft. Fittings: 1/16 to 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: 66 ft. below land surface Date 7/30/75		
				10 Pumping level below land surfaces: 65 ft. after 1 hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 24 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: capped <input type="checkbox"/> Pitless adapter 18 Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: none ft. 100 Direction SW Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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				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. Rader Drilling Co. 194 Business name Carlton, Kansas 67429 License No. _____ Address _____ Signed Grant P. Rader Date 8-26-75 Authorized representative		
		(use a second sheet if needed)				
		Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				

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

Form WWC-5