

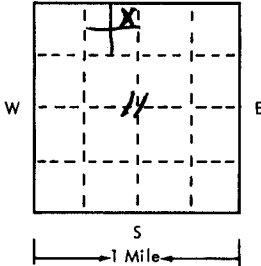
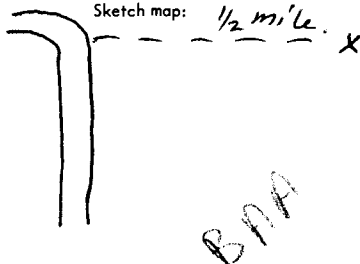
Sent 3.29-77

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|--|------------------------|---------------------------|---|---|--------------------------|--------------------------|
| 1 Location of well: | County Chase | Township name — | Fraction NE 1/4 NE 1/4 NW 1/4 | Section number 11 | Town number 19 | Range number 7 |
| Distance and direction from nearest town or city: 3 N, 1/2 E Elm Dale Street address of well location if in city: Diamond Creek Rd. | | | | 3 Owner of well: Bill Cooper Address: RR Strong City 66869 | | |
| Locate with "X" in section below:  | | | | Sketch map: 1/2 mile  | | |
| 2 | | | | 4 Well depth: 60 ft. Date of completion 10/8 Well diameter 10" 1976 | | |
| Type and color of material | | | | 5 <input checked="" 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 type="checkbox"/> Reverse rotary | | |
| CL Brn | | | | 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 checked="" type="checkbox"/> Stock | | |
| Lime Med Dense | | | | 7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 8" Weight — lbs./ft. — 8" in. to 60 ft. depth Drive shoe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth | | |
| Sh Lt Gray Cal Lens | | | | 8 Screen: Slot Shop Certain Tech Manufacturer Slot Shop Type PVC Dia. 8" <input checked="" type="checkbox"/> Slotted gauze 1/8" Length 40 Set between 20 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 | | |
| Lime | | | | 9 Static water level: 21 ft. below land surface Date 10/7/76 | | |
| Sh - Gray | | | | 10 Pumping level below land surfaces: — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield 1-2 g.p.m. | | |
| Lime & Sh Lens Red-Green variegated | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date — | | |
| Lime Gray | | | | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | |
| Sh Green & Gray | | | | 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 3 ft. to 20 ft. | | |
| Pack used due to unstable | | | | 14 Nearest source of possible contamination: Cattle ft. 10 Direction North Type Lot Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Shales | | | | 15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name — Model number — HP — Volts — Length of drop pipe — ft. capacity — g.p.m. 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 | | |
| (use a second sheet if needed) | | | | 16 Remarks: elevation Stock water well so side pasture Near Holding Pen & chute | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" 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. McNee Drilling 203 Business name Cottonwood Falls KS License No. — Address — Signed — Date 10/10 Authorized representative — 1976 | | |

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

Form WWC-5