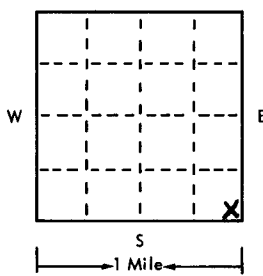


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>CHase</u>	Township name	Fraction <u>SE 1/4 SE 1/4 SE 1/4 SE 1/4</u>	Section number <u>17</u>	Town number <u>T19S</u>	Range number <u>R8E</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>Second &amp; Chestnut</u>				3 Owner of well: <u>City of Strong City, Kansas</u> Address: <u>Strong City, Kansas 66869</u>		
Locate with "X" in section below: 				Sketch map: Well depth: <u>60</u> ft. Date of completion <u>4-28-75</u> Well diameter <u>18 top 20" 10" top 60"</u>		
2 Type and color of material				From	To	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
<u>Sub soil</u>				<u>0</u>	<u>2</u>	6 Use: <input type="checkbox"/> Domestic <input checked="" 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"/> <u>Strong City</u>
<u>Tan clay</u>				<u>2</u>	<u>40</u>	7 Casing: Material <u>St.</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2 in. 6 ft.</u> Diam. <u>12</u> in. to <u>60</u> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12</u> in. to <u>60</u> ft. depth
<u>Blue gray sandy clay</u>				<u>40</u>	<u>43</u>	8 Screen: <u>NO SCREEN</u> Manufacturer <u>Ho. Steel</u> Type <u>Steel</u> Dia. <u>10 inch</u> Slot gauze <u>.01</u> Length <u>9 feet</u> Set between <u>43</u> ft. and <u>53</u> ft. Fittings: <u>Natural Development of Sands</u> Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>± gravel</u>
<u>Sand &amp; gravel</u>				<u>43</u>	<u>53</u>	9 Static water level: <u>18</u> ft. below land surface Date <u>4-28-75</u>
<u>Green shale</u>				<u>53</u>	<u>54</u>	10 Pumping level below land surfaces: <u>23</u> ft. after <u>11</u> hrs. pumping <u>340</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.
<u>Lime</u>				<u>54</u>	<u>60</u>	11 Water sample submitted: <u>City responsible</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
						12 Well head completion: <u>7 feet above ground level.</u> <input type="checkbox"/> Pitless adapter <input 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>20</u> ft. to <u>0</u> ft.
						14 Nearest source of possible contamination: <u>SEWER</u> ft. <u>180</u> Direction <u>East</u> Type <u>Lines</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Singer-Layne-Broad</u> Model number ____ HP <u>7 1/2</u> Volts <u>230</u> Length of drop pipe <u>43</u> ft. capacity <u>125</u> g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
16 Remarks: <u>elevation 1173 from Strong City 7 1/2 minute Quad.</u>				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>Bledsoe Drilling Co. 152</u> Business name <u>Strong City, Mo</u> License No. <u>66869</u> Address <u>Strong City, Mo</u> Signed <u>Agnes J. Bledsoe</u> Date <u>4-29-75</u> Authorized representative		

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

Form WWC-5