

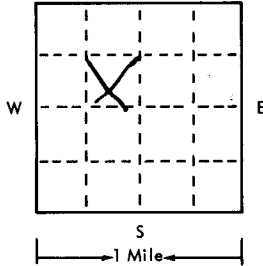
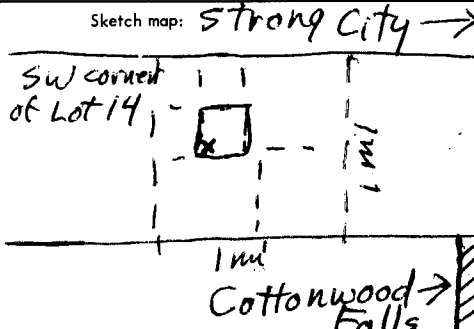
Sent 2-8-77

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 F211S19SW SW NW | Fraction 2/19 | Section number 2/19 | Town number 2/19 | Range number 8 |
| Distance and direction from nearest town or city: on correction line 1 Mi NW - | | | 3 Owner of well: CK Jones | | | |
| Street address of well location if in city: of Cottonwood Falls | | | Address: Cottonwood Falls KS | | | |
| Locate with "X" in section below: N  | | Sketch map: Strong City → SW corner of Lot 14  | | 4 Well depth: 38' ft. Date of completion 4/15 Well diameter 7" in. | | |
| 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 |
| | | Brown T.S. | | 0 | 5 | 6 Use: <input 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 WATER |
| | | Brn CL & CH | | 5 | 20 | 7 Casing: Material Steel Height: above/ 19 in. Threading <input checked="" type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 19 in. Diam. 7" Weight 17 1/2 lbs./ft. 7 in. to 38 ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No in. to ft. depth |
| | | Dark Brn ML (Saturated) | | 20 | 24 | 8 Screen: Touch Perf Manufacturer Touch Perf Type Dia. 7" Slot/Length 1/16" Set between 22 ft. and 37 ft. Fittings: MHC. Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material |
| | | Alluvial Sand & Gravel | | 24 | 38 | 9 Static water level: 20' ft. below land surface Date 4/15/75 |
| | | | | 10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m. | | |
| | | | | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date | | |
| | | | | 12 Well head completion: 19" <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 checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 16 ft. to 0 ft. | | |
| | | | | 14 Nearest source of possible contamination: ft. 2500 Direction North Type River 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.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 | | |
| 16 Remarks: elevation Drill 10" to 20' Drive 7" steel to 38' Fill to 16' Gravel (Annular space) Plastic seal Fill to 13' Bentonite Slurry Plastic seal complete neat cement to 0 weld steel plate on casing Bottom Gasket. | | | | 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. J.S. McNEE 203 Business name License No. Address Cottonwood Falls KS Signed James McNeer Date 4/15 Authorized representative | | |

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

Form WWC-5