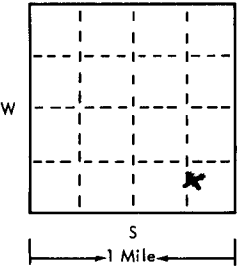
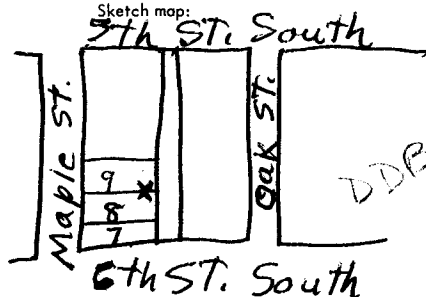


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Falls</u>	Fraction <u>SE 4 SE 4</u>	Section number <u>29</u>	Town number <u>195</u>	Range number <u>R 8 E</u>																																																	
Distance and direction from nearest town or city: <u>Cottonwood Falls</u>			3 Owner of well: <u>Harold Steadman</u>																																																				
Street address of well location if in city: <u>520 Maple</u>			Address: <u>520 Maple</u>																																																				
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <u>97'</u> ft. Date of completion <u>3/30/75</u> Well diameter <u>5</u> in.																																																	
2 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																																																				
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well																																																				
			7 Casing: Material <u>Plastic</u> Weight: above <u>36</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>36</u> in. Diam. <u>5</u> in. to <u>97</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																				
			8 Screen: Manufacturer <u>Plastic</u> Type <u>Saw slot</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>80 ft.</u> Set between <u>17</u> ft. and <u>97</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____																																																				
			9 Static water level: <u>20</u> ft. below land surface Date <u>4/20/75</u>																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td><u>Top soil</u></td><td><u>0</u></td><td><u>3</u></td></tr> <tr><td><u>CLPK-Brn</u></td><td><u>3</u></td><td><u>5</u></td></tr> <tr><td><u>Med Dense Lime Yellow - Brn.</u></td><td><u>5</u></td><td><u>9</u></td></tr> <tr><td><u>Gray SH - Med Dense</u></td><td><u>9</u></td><td><u>17</u></td></tr> <tr><td><u>Lime Buff Cottonwood Dense</u></td><td><u>17</u></td><td><u>19</u></td></tr> <tr><td><u>SH - Gray CL - sticky.</u></td><td><u>19</u></td><td><u>25</u></td></tr> <tr><td><u>SH - DK - Gray M - Med Dense</u></td><td><u>25</u></td><td><u>31</u></td></tr> <tr><td><u>SH - Gray - Calc</u></td><td><u>31</u></td><td><u>33</u></td></tr> <tr><td><u>Lime - Gray - Med.</u></td><td><u>33</u></td><td><u>35</u></td></tr> <tr><td><u>SH - Calc - Gray (Lime Lens)</u></td><td><u>35</u></td><td><u>50</u></td></tr> <tr><td><u>SH - Gray - CL Med Dense</u></td><td><u>50</u></td><td><u>60</u></td></tr> <tr><td><u>Brn Lime SH Partings (Neva)</u></td><td><u>60</u></td><td><u>69</u></td></tr> <tr><td><u>SH - BIK.</u></td><td><u>69</u></td><td><u>70</u></td></tr> <tr><td><u>SH - Gray - BIK - Med Dense</u></td><td><u>70</u></td><td><u>92</u></td></tr> <tr><td><u>Lime - Gray - Lite - Med Dense.</u></td><td><u>92</u></td><td><u>97</u></td></tr> <tr><td>(use a second sheet if needed) <u>T.D.</u></td><td></td><td><u>97</u></td></tr> </tbody> </table>			Type and color of material	From	To	<u>Top soil</u>	<u>0</u>	<u>3</u>	<u>CLPK-Brn</u>	<u>3</u>	<u>5</u>	<u>Med Dense Lime Yellow - Brn.</u>	<u>5</u>	<u>9</u>	<u>Gray SH - Med Dense</u>	<u>9</u>	<u>17</u>	<u>Lime Buff Cottonwood Dense</u>	<u>17</u>	<u>19</u>	<u>SH - Gray CL - sticky.</u>	<u>19</u>	<u>25</u>	<u>SH - DK - Gray M - Med Dense</u>	<u>25</u>	<u>31</u>	<u>SH - Gray - Calc</u>	<u>31</u>	<u>33</u>	<u>Lime - Gray - Med.</u>	<u>33</u>	<u>35</u>	<u>SH - Calc - Gray (Lime Lens)</u>	<u>35</u>	<u>50</u>	<u>SH - Gray - CL Med Dense</u>	<u>50</u>	<u>60</u>	<u>Brn Lime SH Partings (Neva)</u>	<u>60</u>	<u>69</u>	<u>SH - BIK.</u>	<u>69</u>	<u>70</u>	<u>SH - Gray - BIK - Med Dense</u>	<u>70</u>	<u>92</u>	<u>Lime - Gray - Lite - Med Dense.</u>	<u>92</u>	<u>97</u>	(use a second sheet if needed) <u>T.D.</u>		<u>97</u>	10 Pumping level below land surfaces: <u>Bailer</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>9</u> g.p.m.	
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11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																																							
12 Well head completion: <u>36"</u> <input type="checkbox"/> Pitless adapter <input checked="" 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>3</u> ft. to <u>17</u> ft.																																																							
14 Nearest source of possible contamination: ft. <u>70</u> Direction <u>West</u> Type <u>sewer</u> 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 <u>Drilled 8" Hole To 20'. 6.5 Hole To 97'</u> <u>This is a lawn watering well.</u> <u>Owner will have Pump Installed.</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. <u>GC McNeer</u> <u>203</u> Business name _____ License No. _____ Address <u>RR-1 Cottonwood Falls</u> Signed <u>James McNeer</u> Date <u>4/16/75</u> Authorized representative																																																				

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

Form WWC-5

call this a domestic well for yard watering - 100