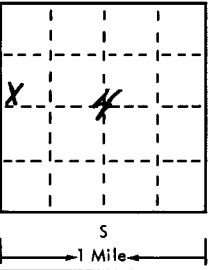


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Chase	Township name SWSW NW	Fraction 4	Section number 20S	Town number 8E	
Distance and direction from nearest town or city: 1.5 S on E side of Hwy 177, Cottonwood Falls				3 Owner of well: Gordon Heathman (well 2) Address: Strong City Ks			
2		Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 97 ft. Date of completion: 12/20/1976 Well diameter: 10" in.	
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	
CL DK Brn		0		5		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 water	
CL with Gravel Red Brn (Flint)		5		15		7 Casing: Material PVC Height: above 4 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. Diam. 8 in. to 97 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8 in. to 97 ft. depth	
CL Sh Gray Green		15		22		8 Screen: Manufacturer Shop Pert Certain Feed Type 1/2" x 6" Dia. 8" Slot 1/8" Length 73 Set between 20 ft. and 93 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material ---	
Lime & Sh. Hard Lime at 24'		22		24		9 Static water level: 20 ft. below land surface Date 12/20/76	
Lime & Sh Cream H2O		24		31		10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 5 g.p.m.	
Sh Gray		31		42		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ---	
Hard Lime		42		44		12 Well head completion: <input type="checkbox"/> Pitless adapter 30 inches above grade	
Sh Gray w 1' Ls Hard.		44		46		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 17 ft. to surface 0	
Sh Gray - Green - Red		46		58		14 Nearest source of possible contamination: ft. 100 Direction W Type Road Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sh with Lime Lens Gray		58		76		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	
Hard Lime		76		77.5		16 Remarks: elevation Buck Creek Bottom Flat	
DK Gray SH		77.5		97		17 Well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. MSNec Drilling 203 Business name Cottonwood Falls Ks License No. --- Address --- Signed --- Date 12/22/1976 Authorized representative	
16 Remarks: elevation							17 Well contractor's certification:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. MSNec Drilling 203 Business name Cottonwood Falls Ks License No. --- Address --- Signed --- Date 12/22/1976 Authorized representative

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

Form WWC-5

677-H