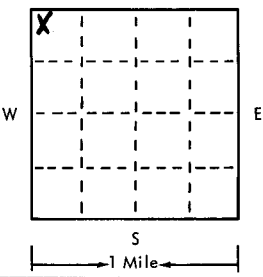


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Harvey	Township name Highland	Fraction NW¹/₄NW¹/₄NW¹/₄	Section number 19	Town number 22S	Range number 1E		
Distance and direction from nearest town or city: Street address of well location if in city: 2 mi East and 1 1/16 mi South of Hesston			3 Owner of well: Address: Fred Litwiller Hesston Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 98 ft. Date of completion: 1-25-75 Well diameter 10 in. to 20 ft 7 in 20 to 98ft		
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			
			Clay		0	10	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	
			fine Sand		10	20	7 Casing: Material Plastic Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 1 1/4 in. Digm. Weight 2 1/2 lbs./ft. 1 5 in. to 98 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Yellow Shale and Limestone		20	30	8 Screen: Manufacturer Pumpco Spical Type Plastic Dia. 5in Slot/gauze 1/16 Length 18 Set between 77 ft. and 95 ft. Fittings: 1 To 3/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
			Blue Shale		30	45	9 Static water level: 30 ft. below land surface Date 1-25-75	
			Some Water		45		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.	
			Blue Shale		45	88	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date	
			Water		88	90	12 Well head completion: 14 <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
			BlueShale		90	98	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 2 ft. to 20 ft.	
								14 Nearest source of possible contamination: ft. 1/4 M Direction N/E Type Pasture 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			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. <i>Boecker Drilling 180</i> Business name _____ License No. _____ Address Jampa Ks Signed <i>Paul Boecker</i> Date 3-25-75 Authorized representative					

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

Form WWC-5