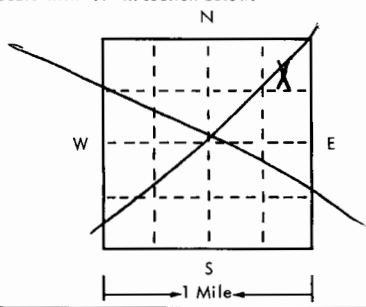


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

23 1 E 17 SW NE NE
T R EW sec 1/4 1/4 1/4 No.

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 HARVEY	Township name NEWTON	Fraction SW NE NE	Section number 17	Town number 7235	Range number R 1 E
Distance and direction from nearest town or city: NEWTON, Ks. Street address of well location if in city: 713 E 11th			3 Owner of well: Claude Huffman Address: 713 E 11th, NEWTON, KANSAS			
Locate with "X" in section below: 			Sketch map:			4 Well depth: 98' ft. Date of completion 4-30-5 Well diameter 2" in. 10 9"
2 Type and color of material			From		To	
			Black Top Soil		TOP 4'	
			Gray Clay		4' 10'	
			Blue shale		10 70	
White Rock		70 98				
					7 Casing: Material RMP Height: (above) below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. 6 Weight 200 lbs./ft. 5 in. to 98 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
					8 Screen: Manufacturer SUNFLOWER Type RMP Dia. 5" Slot gauge 3/32 Length 64' Set between 28 ft. and ___ ft. 98 Fittings: 4 1/2" 1/2" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
					9 Static water level: 25 ft. below land surface Date 4-30-5	
					10 Pumping level below land surfaces: 25 ft. after 1 hrs. pumping 5 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: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 18"	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From TOP ft. to 14 ft.	
					14 Nearest source of possible contamination: NONE ft. ___ Direction ___ Type CLOSE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: No <input 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					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. FRANK BUDD 231A Business name License No. Address Rte # 4, NEWTON, Ks. Signed Frank Budd Date 9-28-75 Authorized representative	

23 1 E 17 SW NE NE