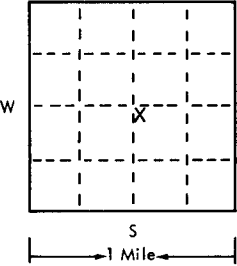
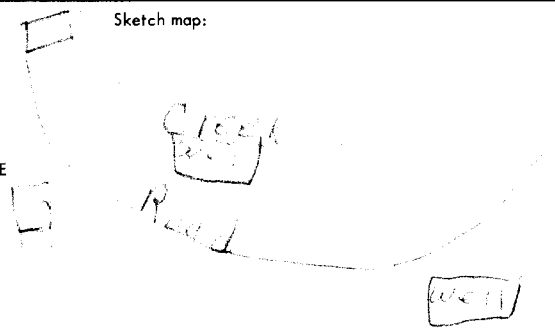


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Greenwood</b>	Township name <b>Janesville</b>	Section <b>SE 1/4</b>	Section number <b>Ten</b>	Town number <b>24 South</b>	Range number <b>11 East</b>		
Distance and direction from nearest town or city: <b>1/8 S &amp; 3/4 W 2</b>			3 Owner of well: <b>City of Hamilton KS</b>					
Street address of well location if in city:			Address:					
Locate with "X" in section below: 			Sketch map: 			4 Well depth: <b>45</b> ft. Date of completion <b>4-29-76</b> Well diameter <b>ten</b> 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			
			black dirt		0	12	6 Use: <input type="checkbox"/> Domestic <input checked="" 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 type="checkbox"/>	
			sand shale		12	20	7 Casing: Material <b>plas</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>six</b> in. Diam. <b>3.28</b> lbs./ft. <b>1</b> in. to ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to ft. depth	
			blue shale		20	24	8 Screen: Manufacturer <b>H &amp; P.</b> Type <b>plastic</b> Dia. <b>six</b> Slot/gauze <b>slot</b> Length <b>six inch</b> Set between <b>15</b> ft. and <b>45</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material	
			blue gray shale with sand		24	28	9 Static water level: <b>14.2</b> ft. below land surface Date <b>4-29-76</b>	
			blue shale		28	31	10 Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>22.6</b> g.p.m.	
			blue shale with gravel		31	33	11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>2-27-76</b>	
			sandlime with gravel		33	34	12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
			lime gray		34	38	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 <b>above</b> to <b>14.6</b> ft. below	
			sand shale blue		38	39	14 Nearest source of possible contamination: ft. <b>4 mi, NE</b> Direction <b>N-West</b> Type <b>oil</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
gray lime		39	41	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				
blue shale		41	43	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. <b>H.&amp;P.W.W.D. Co.</b> <b>275</b> Business name License No. Address <b>Box 47, Earleton, KS 66731</b> Signed <b>Herbert E. Wolfe</b> Date <b>2-27-76</b> Authorized representative				
lime		43	45					
(use a second sheet if needed)								
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley								

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

Form WWC-5