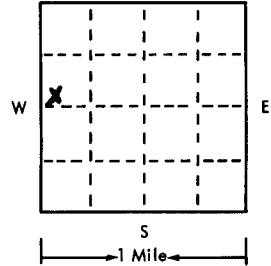
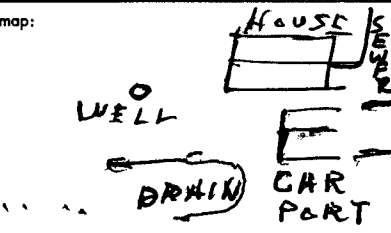


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Woodson	Township name CENTER	Fraction SWSW NW	Section number 14	Town number 25	Range number 15E
Distance and direction from nearest town or city: BLK. 15			3 Owner of well CLIFF CHAMBERS			
Street address of well location if in city: 502 W. PARK			Address: YATES CENTER			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 53 ft. Date of completion 4/9/76 Well diameter 7 in.		
				5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Aug <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 PIS Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface IS m. Diam. 4 in. to 20 ft. depth Weight 280 lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 Type and color of material		From	To	8 Screen: Manufacturer Jen & Lovell Type PVC Dia. 6" Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: OPEN HOLE from 20-53 Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
FILL DIRT		0	2	9 Static water level: 1 ft. below land surface Date 4/9/76		
BROWN CLAY		2	6	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 g.p.m.		
YELLOW SOAPSTONE		6	16	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
GRAVELY SHALE - (SLOW)		16	20	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
BROWN SANDY ROCK		20	25	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 44 ft.		
GREY SHALE		25	53	14 Nearest source of possible contamination: GRAGE ft. 35 Direction EAST type _____ 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.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		
(use a second sheet if needed)						
16 Remarks: elevation MR. CHAMBERS MAN HIS OWN PUMP 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. EDDIE WELLS SERV 312 Business name _____ License No. _____ Address TOPEKA KAN Signed Ed Wells Date 4/9/76 Authorized representative		

25 15E 14 SW SW NW

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

Form WWC-5