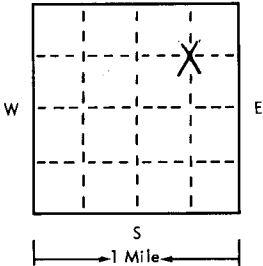


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

11-8-76  
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 <u>Greenwood</u>	Township name <u>Eureka</u>	Fraction <u>NE</u>	Section number <u>2</u>	Town number <u>26S</u>	Range number <u>10E</u>
Distance and direction from nearest town or city: <u>Eureka Kansas</u>			3 Owner of well: <u>James Ball</u>			
Street address of well location if in city: <u>821 N Mulberry</u>			Address: <u>Eureka Kansas 67045</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>30</u> ft. Date of completion <u>8-1-76</u> Well diameter <u>10</u> in.
2 Type and color of material			From		To	
			To		5	
<u>LOT One Block Fifty Nine</u>					6 Use: <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	
<u>Town Company's addition</u>					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	
<u>To the City of Eureka</u>					7 Casing: Material <u>Plastic</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>10</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>8</u> in. to <u>30</u> ft. depth	
<u>3ft of Black Limestone</u>			<u>0</u>		<u>3</u>	
<u>15ft of Yellow Clay</u>			<u>3</u>		<u>18</u>	
<u>1ft Limestone</u>			<u>18</u>		<u>19</u>	
<u>1ft Soft Limestone where we</u>			<u>19</u>		<u>20</u>	
<u>Picked up water.</u>						
<u>10ft hard limestone</u>			<u>20</u>		<u>30</u>	
<u>Set 31ft Sunflower Jet Set well</u>						
<u>Casing pipe 200. 5in casing</u>						
<u>30ft Cement &amp; sand. 10ft to</u>						
<u>Surface. Casing 1ft above</u>						
<u>Ground Level (use a second sheet if needed)</u>						
16 Remarks: elevation					8 Screen: Manufacturer <u>Sunflower</u> Type <u>200 RMP</u> Dia. <u>5in</u> <u>Slot/gauge 3/8</u> Length <u>20</u> Set between <u>10</u> ft. and <u>30</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>	
					9 Static water level: <u>16</u> ft. below land surface Date <u>8-1-76</u>	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1</u> 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	
					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 <u>10</u> ft. to <u>0</u> ft.	
					14 Nearest source of possible contamination: ft. <u>60</u> Direction <u>East</u> Type <u>Line</u> 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	
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, <u>Eureka Well Service</u> Business name <u>225 S. Walnut</u> License No. <u>296</u> Address <u>Eureka, Mo</u> Signed <u>James Ball</u> Date <u>8-1-76</u> Authorized representative						

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

Form WW-5