

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

T R EW sec 1/4 1/4 1/4 No.

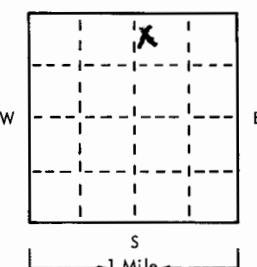
WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|   |                      |                              |  |                          |                           |                           |
|---|----------------------|------------------------------|--|--------------------------|---------------------------|---------------------------|
| 1 Location of well:   | County <b>Butler</b> | Township name <b>Towanda</b> | Fraction <b>NW 1/4 - NE 1/4</b>        | Section number <b>33</b> | Town number <b>T 26 S</b> | Range number <b>R 4 E</b> |
| Distance and direction from nearest town or city: <b>Towanda Kansas</b> |                      |                              | Owner of well: <b>Leslie Corbin</b>    |                          |                           |                           |
| Street address of well location if in city: <b>3111 South</b>           |                      |                              | Address: <b>Route 1 Towanda Kansas</b> |                          |                           |                           |

Locate with "X" in section below:

N



Sketch map:

|   |                                |           |            |   |
|---|--------------------------------|-----------|------------|---|
| 2 | Type and color of material     | From      | To         | 4 Well depth: <b>100</b> ft. Date of completion <b>June 4-1975</b>  |
|   | <b>Red Clay</b>                | <b>0</b>  | <b>10</b>  | Well diameter <b>7</b> in.  |
|   | <b>grey lime</b>               | <b>10</b> | <b>90</b>  | 5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |
|   | <b>water</b>                   | <b>90</b> |            | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input checked="" type="checkbox"/> Stock well   |
|   | <b>grey lime</b>               | <b>90</b> | <b>100</b> | 7 Casing: Material <b>Steel</b> height: <b>above/below</b><br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>Diam. <b>15</b> lbs./ft.<br><b>10</b> in. to <b>10</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>7</b> in. to <b>100</b> ft. depth  |
|   |                                |           |            | 8 Screen: <b>sunflower plastic</b> <b>one</b><br>Manufacturer _____<br>Type <b>R M P</b> Dia. <b>6</b><br><b>160</b> gauze Length <b>20 ft</b><br>Set between <b>80</b> ft. and <b>100</b> ft.<br>Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____  |
|   |                                |           |            | 9 Static water level: <b>35</b> ft. below land surface Date <b>June 4-1975</b>  |
|   |                                |           |            | 10 Pumping level below land surfaces:<br><b>60</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m.<br>ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <b>15</b> g.p.m.  |
|   |                                |           |            | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |
|   |                                |           |            | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <b>2</b> inches above grade  |
|   |                                |           |            | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <b>10</b> ft. to <b>0</b> ft.   |
|   |                                |           |            | 14 Nearest source of possible contamination:<br>ft. <b>200</b> Direction <b>South</b> Type <b>Tagoon</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
|   |                                |           |            | 15 Pump:<br><input type="checkbox"/> Not installed<br>Manufacturer's name <b>House</b><br>Model number <b>10E1</b> HP <b>3/4</b> Volts <b>220</b><br>Length of drop pipe <b>90</b> ft. capacity <b>10</b> g.p.m.<br>Type:<br><input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
|   | (use a second sheet if needed) |           |            | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Murray White</b><br>Business name <b>Augusta</b> License No. _____<br>Address _____<br>Signed <b>Murray White</b> Date <b>June 4-1975</b><br>Authorized representative _____   |

16 Remarks: elevation

Topography:  
 Hill  
 Slope  
 Upland  
 Valley