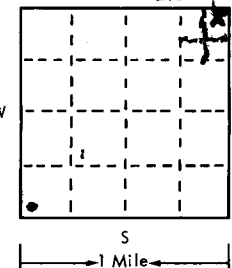
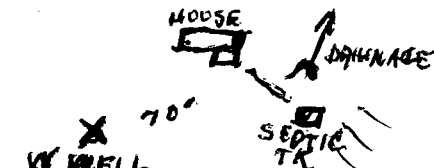


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

2	7	1	7	E	2	2	N	E	N	E	
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

County <b>wilson</b>		Township name <b>Colfax</b>		Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>		Section number <b>22</b>		Town number <b>27s</b>		Range number <b>17e</b>	
Distance and direction from nearest town or city: <b>3 miles west of Chanute Kan</b>						3 Owner of well: <b>Delbert Winder</b>					
Street address of well location if in city:						Address: <b>Chanute Kan</b>					
Locate with "X" in section below: 						Sketch map: 					
2 Type and color of material						From		To		4 Well depth: <b>70</b> ft. Date of completion <b>8/27</b> Well diameter <b>7 1/2</b> in.	
<b>black soil</b>										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	
<b>yellow clay</b>						<b>3</b>		<b>9</b>		6 Use: <input checked="" 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 <input type="checkbox"/>	
<b>dark yellow clay</b>						<b>9</b>		<b>20</b>		7 Casing: Material <b>pcv</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>48</b> in. Diam. <b>6</b> in. to <b>7 1/2</b> ft. depth: Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>top to bottom</b>	
<b>light yellow soap stone</b>						<b>20</b>		<b>22</b>		8 Screen: Manufacturer <b>Jess and Lowell</b> Type <b>bleed</b> Dia. <b>6</b> Slot gauze <b>1/16</b> Length <b>30</b> Set between <b>20</b> ft. and <b>40</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material	
<b>sand and gravel S.O.W</b>						<b>22</b>		<b>23</b>		9 Static water level: <b>12</b> ft. below land surface Date <b>8/26/75</b>	
<b>light grey shale</b>						<b>23</b>		<b>33</b>		10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping <b>5</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.	
<b>dark grey shale</b>						<b>33</b>		<b>70</b>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
										12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18"</b> 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 <b>0</b> ft. to <b>12</b> ft.	
										14 Nearest source of possible contamination: ft. <b>10</b> Direction <b>east</b> <b>septic tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
										15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>7</b> Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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. <b>Cummings WELL serv 312</b> Business name <b>Toronto Kan</b> License No. ____ Address ____ Signed <b>[Signature]</b> Date <b>8/28</b>					

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

Form WWC-5

677-H