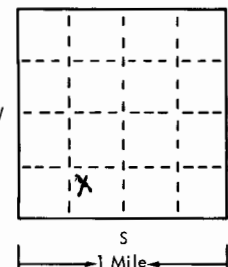



T R EW sec 1/4 1/4 1/4 No.

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

1 Location of well:	County <b>BUTLER</b>	Township name <b>BRUNO</b>	Fraction <b>NW 1/4 SE 1/4 SW 1/4</b>	Section number <b>5</b>	Town number <b>275</b>	Range number <b>3E</b>		
Distance and direction from nearest town or city: <b>1 MI NO 1/2 MI EAST ANDOVER ON 21ST ST</b>			3 Owner of well: <b>DUANE CREEK MORE</b>					
Street address of well location if in city: <b>FORTNEY ADD</b>			Address: <b>RT 4 WILKITA KS</b>					
Locate with "X" in section below: <div style="text-align: center;">N    S 1 Mile</div>			Sketch map: 			4 Well depth: <b>74</b> ft. Date of completion <b>5-28-76</b> Well diameter <b>8</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	
							6 Use: <input checked="" type="checkbox"/> Domestic <input 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"/>	
							7 Casing: Material <b>RMP</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Dig. _____ Weight _____ lbs./ft. _____ <b>6</b> in. to <b>54</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
							8 Screen: Manufacturer <b>Sumner</b> Type <b>RMP</b> Dia. <b>60</b> Slot/gauge _____ Length <b>20 ft</b> Set between <b>54</b> ft. and <b>74</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
							9 Static water level: <b>42</b> ft. below land surface Date <b>5-28-76</b>	
							10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.	
							11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
							12 Well head completion: <b>CAPED</b> <input type="checkbox"/> Pitless adapter <b>12</b> <input 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 <b>3</b> ft. to <b>15</b> ft.	
							14 Nearest source of possible contamination: ft. <b>80</b> Direction <b>EAST</b> Type <b>Septic</b> 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	
							16 Remarks: elevation	
							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. <b>Brimmons Drilling</b> Business name _____ License No. _____ Address <b>1156 CENT ANDOVER</b> Signed <b>Brimmons</b> Date <b>5-28-76</b> Authorized representative	