

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

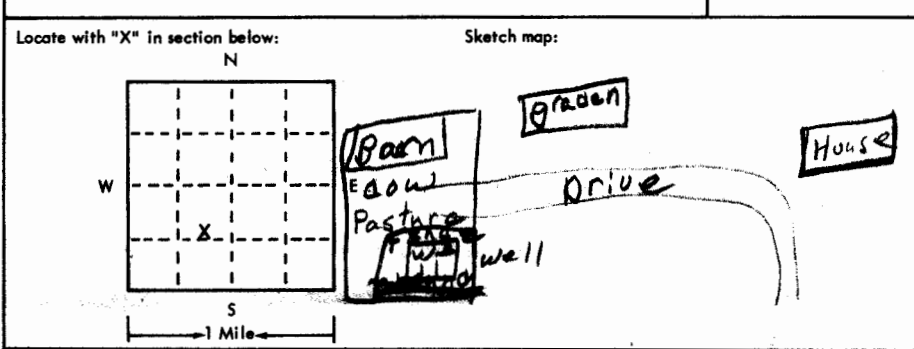
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WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County Neosho	Township name Canville	Fraction NE SW	Section number Four	Town number 28	Range number 18E
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Distance and direction from nearest town or city: One Mile South of Chanute, KS	3 Owner of well: Charley C. Murphy Address: R. R. 4, Box 46A, Chanute, KS 66720
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4 Well depth: 91 ft. Date of completion 9-5-75
Well diameter 8 in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well _____

7 Casing: Material PLA Height: above/below
Threaded Welded Surface 14 in.
Diam. _____ Weight 2.5 lbs./ft.
_____ in. to _____ ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2	Type and color of material	From	To
	Black Dirt	0	3
	Brown Sand	3	10
	Gray Lime	10	15
	Blue Shail	15	22
	White Sand 30 Water	22	33
	Blue Shale	33	62
	White Lime	62	65
	White Sand 70 Water	65	74
	White Lime & White Sand	74	77
	Gray Lime	77	80
	Gray Shale & White Sand	80	90
	Gray Lime	90	91
	(use a second sheet if needed)		

8 Screen:
Manufacturer H & P
Type _____ Dia. _____
Slot/gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings:
Gravel pack Yes No Size range of material _____

9 Static water level:
15 ft. below land surface Date 9-5-75

10 Pumping level below land surfaces:
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From 0 ft. to 15 ft.

14 Nearest source of possible contamination:
ft. none Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type: Owner installed himself
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 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.
H.P.W.W.D. CO. 275
Business name _____ License No. _____
Address Box 47 Earleton, KS 66731
Signed Herbert L. Waller Date 6-74
Authorized representative

28 18E 4 NE SW