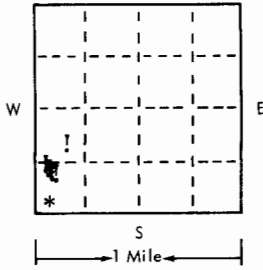


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 Neosho	Township name Canville	Fraction SW 1/4 SW 4, SW 4 4	Section number 4	Town number 285	Range number 18E
Distance and direction from nearest town or city: 1 Mile S. Chanute Chanute Kansas				3 Owner of well: Charley C. Murbhy		
Street address of well location if in city:				Address: RR.4 Box 46A Chanute Ks.		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: 91 ft. Date of completion 9 15 75 Well diameter 8 in.
				<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 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		
				7 Casing: Material PL Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 14 in. Diam. _____ Weight 2.5 lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
2 Black Type and color of material				From	To	8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
Black Dirt				0	3	9 Static water level: 5 ft. below land surface Date 9.5 75
Black Brown Sand				3	10	
Gray Lime				10	15	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.
Blue Shail				15	22	
White Sand 30 Water				22	33	11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Blue Shail				33	62	
White Lime				62	65	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> _____ inches above grade
White Sand 70 water				65	74	
White Lime & White Sand				74	77	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 0 ft. to 15 ft.
Gray Lime				77	80	
Gray Shail & White Sand				80	90	14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gray Lime				90	91	
T. D 91						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
(use a second sheet if needed)						
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. H.P.W.W.D. 275 Business name _____ License No. _____ Address Box 47 Earleton Ks. Signed Herbert C. Wells Date _____ Authorized representative		

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

Form WWC-5

28 18 E 4 SW 1/4 SW 4