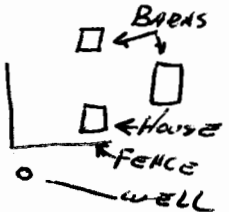


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD
KSA 820-1201-1215

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

1 Location of well:	County Cowley	Township name Richland	Fraction SW 1/4	Section number 19	Town number 30	Range number 5
Distance and direction from nearest town or city: 4 E 3/4 S Rock, ks				3 Owner of well: ROBERT ALERICH Address: RPD #1 Rock ks		
Locate with "X" in section below:		Sketch map:		4 Well depth: 150 ft. Date of completion 6/20/75 Well diameter 10 in.		
N W ——— E S 1 Mile		Sketch map: 		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		
2 Type and color of material				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		
				7 RPM Material Steel Height above/below 200 ft. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. _____ Weight _____ lbs./ft. _____ 6 in. to 20 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth!		
SOIL				8 Screen: NONE - OPEN HOLE COMPLETION 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 _____		
				9 Static water level: 25 ft. below land surface Date 6/20/75		
LIME - WHITE - HARD TO MED				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1/2 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
SHALE GREEN SOFT				12 Well head completion: <input type="checkbox"/> Pitless adapter 24 Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 15 ft.		
SHALE BLUE MED				14 Nearest source of possible contamination: ft. 500 Direction E 95° Type BARN LOT 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		
SHALE & LIME SHELLS MULTI				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. GYS DRILLING 171 Business name _____ License No. _____ Address 198 S 10 Signed John F. [Signature] Date 7/13/75 Authorized representative		
LIME HARD GRAY DOLOMITE						
SHALE & LIME BLU TO WHITE						
SHALE BLUE						
RED BED SOFT STICKY						
SHALE BLUE						
LIME GRAY MED TO HARD						
SHALE BLUE TO GREEN						
CEMENT BASKET RUN ON BOTTOM						
20' JT. 200* PVC 6" CASING						
CEMENT GROUTED TOTAL						
LENGTH OF (use second sheet if needed) 20' JT. CASING						

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

Form WWC-5