

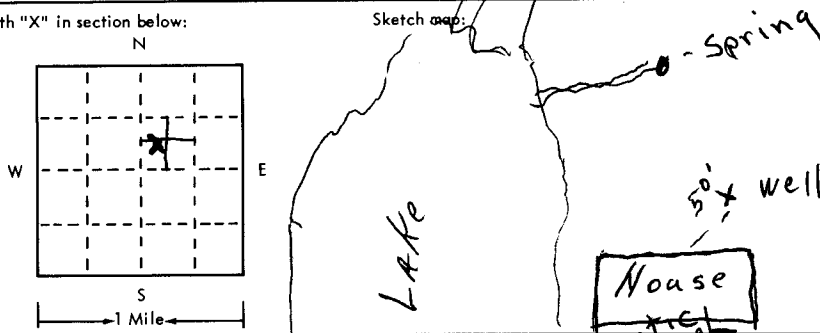
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

30 6 E 33 NE SW SW NE
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

NE SW SW NE

1 Location of well:	County Cowley	Township name Omnia	Fraction SW 1/4 - NE 1/4	Section number 33	Town number 30S	Range number 6E
Distance and direction from nearest town or city:	6 mi N.W of Burden		3 Owner of well: MARSHALL WILLIAMS			
Street address of well location if in city:	231 N. Rutan Wichita		Address: 231 N. Rutan Wichita			
Locate with "X" in section below:	Sketch map:			4 Well depth: 85 ft. Date of completion 7-15-74 Well diameter 8 in.		
				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 Iron Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 2 1/2 in. wall Diam. 1 1/2 in. to 13 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2 Type and color of material				8 Screen: Open Hole from 13' Manufacturer _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
Soil & loose Rock				0 3		
Lime				3 17		
Shale, grey				17 28		
Lime grey, flinty				28 36		
Shale, grey				36 40		
Lime, grey				40 60		
Shale grey				60 62		
Red Rock				62 64		
Lime, grey				64 78		
Shale, drk grey				78 80		
Lime,				80 85		
				9 Static water level: 20 ft. below land surface Date 7-13-74		
				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 type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter 18 <input checked="" 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 Top ft. to 12 ft.		
				14 Nearest source of possible contamination: septic tank ft. 108 Direction S Type Latrine 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.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 Customer was to run cement base & send in water sample				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. Bailey Drilling 209 Business name _____ License No. _____ Address Burden, Kans Signed Ronald E. Bailey Authorized representative 16-8-75		

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

Form WWC-5

30 6 E 33 NE SW SW NE