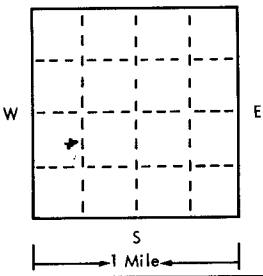


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

30 7E 19 SE 1/4 SW 1/4
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 Cowley	Township name SE 4 N 1/2 SW 1/4	Fraction 19	Section number 30 S	Town number 7 E	Range number
Distance and direction from nearest town or city: 3E 5/8 S			3 Owner of well: L.E. WOMACKS			
Street address of well location if in city: ATLANTA			Address: ATLANTA			
Locate with "X" in section below: 		Sketch map: CBDN		4 Well depth: 195 ft. Date of completion 11-2-75 Well diameter 10 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 Galv. Height: above below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 10 in. to 36 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
						8 Screen: Manufacturer NOBLE Type open hole Dia. 36' 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: 70 ft. below land surface Date 11-2-75
16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(use a second sheet if needed)		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 g.p.h.		
				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 1/2 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 0 ft. to 35 ft.		
				14 Nearest source of possible contamination: ft. 200 Direction E Type Ditch Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 Co. 209 Business name Bailey License No. _____ Address KANSAS Signed Ronald Bailey 11-20-75 Authorized representative		15 Pump: Manufacturer's name Red Jacket <input type="checkbox"/> Not installed Model number 1650 HP 1/2 Volts 220 Length of drop pipe 174 ft. capacity 6 g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				

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

Form WWC-5