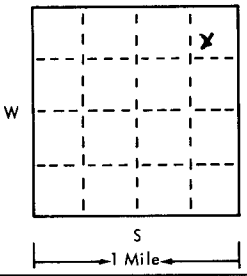
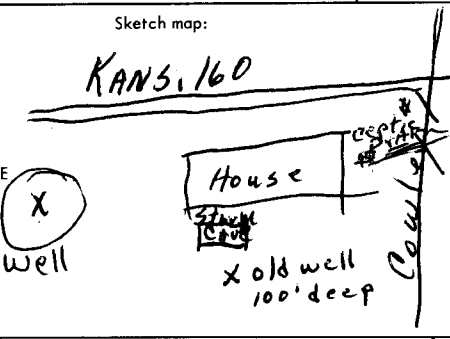


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

32 SE 28 TWP 10 N
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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|---|---|---|----------------------------|---|----|-----------|----|----|-------------|----|----|------------|----|----|-----------|----|----|--------------|----|-----|-------------|-----|-----|----------|-----|---|--|--|--|--|---|
| 1 Location of well: | County Cowley | Township name Tisdale | Fraction SW 1/4 NE 1/4 NE 1/4 | Section number 28 | Town number 32 S | Range number 5 E | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city: 6 mi. E. of Winfield | | | 3 Owner of well: RV Cranston Address: RFD Winfield | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Locate with "X" in section below:  | | Sketch map:  | | 4 Well depth: 110 ft. Date of completion 6-24-75 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Soil & clay</td><td>-</td><td>12</td></tr> <tr><td>Shattered lime</td><td>12</td><td>14</td></tr> <tr><td>lime buff</td><td>14</td><td>28</td></tr> <tr><td>lime - grey</td><td>28</td><td>94</td></tr> <tr><td>Shale grey</td><td>94</td><td>96</td></tr> <tr><td>lime grey</td><td>96</td><td>98</td></tr> <tr><td>Shale - grey</td><td>98</td><td>104</td></tr> <tr><td>lime - grey</td><td>104</td><td>108</td></tr> <tr><td>Red Rock</td><td>108</td><td>-</td></tr> </table> | | Soil & clay | - | 12 | Shattered lime | 12 | 14 | lime buff | 14 | 28 | lime - grey | 28 | 94 | Shale grey | 94 | 96 | lime grey | 96 | 98 | Shale - grey | 98 | 104 | lime - grey | 104 | 108 | Red Rock | 108 | - | | | | | 7 Casing: Material Iron Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. WALL Diam. 10 in. to 16 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Soil & clay | - | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Shattered lime | 12 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | lime buff | 14 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | lime - grey | 28 | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Shale grey | 94 | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | lime grey | 96 | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Shale - grey | 98 | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | lime - grey | 104 | 108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Red Rock | 108 | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Screen: Open Hole 16-110' 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: 30 ft. below land surface Date 6-24-75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Pumping level below land surfaces: 30 ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1 g.p.m. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" 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 0 ft. to 16 ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Nearest source of possible contamination: ft. 1300 Direction West Type ditch 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Remarks: elevation Cement platform & water SAMPLE to be Taken CARE of by owner Topography: Well <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley West | | 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 Whittington 209A Business name _____ License No. _____ Address Bounded Kansas Signed Donald Bailey Date 9/1/77 Authorized representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

Form WWC-5

32 SE 28 SW NE NE