

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 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County Cowley	Township name Creswell	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 25	Town number 345	Range number 4E
Distance and direction from nearest town or city: in town			3 Owner of well: T.E. Clark			
Street address of well location if in city: 1305 No. 5th, Ark City			Address: 1305 No. 5th Arkansas City, Kansas 67005			
Locate with "X" in section below: <i>KANSAS N AVE.</i> <i>6 ST</i> →			Sketch map: <i>5 street</i>			4 Well depth: <u>32</u> ft. Date of completion <u>4-1-76</u> Well diameter <u>10</u> 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 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 <input type="checkbox"/>			
2			Type and color of material			7 Casing: Material <u>RMP</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. Diam. <u>6</u> in. to <u>32</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>—</u> in. to <u>—</u> ft. depth
			From To			8 Screen: Manufacturer <u>Sunflower</u> Type <u>RMP</u> Dia. <u>6 in.</u> Slot/gauze <u>.180</u> Length <u>10'</u> Set between <u>22</u> ft. and <u>32</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>5/8</u>
Sandy top soil			0 4			9 Static water level: <u>30</u> ft. below land surface Date <u>3-27-76</u>
Red Clay			4 12			10 Pumping level below land surfaces: <u>NA</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. <u>—</u> ft. after <u>—</u> hrs. pumping <u>—</u> g.p.m. Estimated maximum yield <u>2</u> g.p.m.
Fine Sand & Red Clay			12 29			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>—</u>
Hard shale			29 32			12 Well head completion: <input type="checkbox"/> Pitless adapter <u>10</u> inches above grade
						13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>earth</u> Depth: From <u>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>65</u> Direction <u>East</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>—</u> Model number <u>—</u> HP <u>—</u> Volts <u>—</u> Length of drop pipe <u>—</u> ft. capacity <u>—</u> 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			(use a second sheet if needed)			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. <u>Eastman Drilling 299 A</u> Business name <u>Box 115, Winfield, Kans</u> License No. <u>—</u> Address <u>—</u> Signed <u>Earl Eastman</u> Date <u>4-15-76</u> Authorized representative
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<p><i>This well is located inside the city limits of Arkansas City. This is the best I can do for a legal description. Sorry I'm so dumb!</i></p>			34 4E 25 SOWENE

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

Form WWC-5