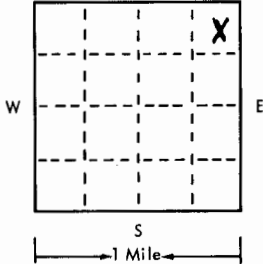


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 826-1201-1215

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 BOLTON | Fraction CNE NE | Section number 31 | Town number 35 | Range number 4E | | | | | |
| Distance and direction from nearest town or city: 7 MILES EAST | | | 3 Owner of well: COWLEY COUNTY R.W.P | | | | | | | | |
| Street address of well location if in city: 7 ARKANSAS CITY 1 MILE SOUTH | | | Address: NO 3 ARKANSAS CITY, KS | | | | | | | | |
| Locate with "X" in section below: N  W E S 1 Mile | | | Sketch map: | | | 4 Well depth: 30' ft. Date of completion 5-15-76 Well diameter 32 in. | | | | | |
| 2 Type and color of material | | | From | | | To | | | 5 <input 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 checked="" type="checkbox"/> Reverse rotary | | |
| | | | | | | | | | 6 Use: <input type="checkbox"/> Domestic <input checked="" 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 STEEL Height: 20 feet Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 feet Diam. _____ Weight 24 lbs. 12 in. to 22 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 24 in. to 12 ft. depth BOTH CASINGS 20' ABOVE GROUND | | |
| | | | | | | | | | 8 Screen: Manufacturer DOERR METAL PRODUCTS Type 101SS Dia. 12" Slot/gauge 5 Length 12' Set between 18' and 30' ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/4 | | |
| | | | | | | | | | 9 Static water level: 10 ft. below land surface Date 5-15-76 | | |
| 10 Pumping level below land surfaces: 22 ft. after 8 hrs. pumping 300 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 300 g.p.m. | | | 11 Water sample submitted: SUBMITTED BY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date ENGINEER | | | | | | | | |
| 12 Well head completion: 19' <input type="checkbox"/> Pitless adapter <input 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 12 ft. | | | | | | | | |
| 14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name WESTERN LAND ROLLER Model number _____ HP 40 Volts 480 Length of drop pipe 40 ft. capacity 300 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | | | | | | |
| 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | 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. HUNT DRILLING CO 249 Business name _____ License No. _____ Address R #2 ARKANSAS CITY, KS Signed Walt Watkins Date 6-10-76 Authorized representative | | | | | | | | |

35 4E 1 CNE NE

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

Form WWC-5