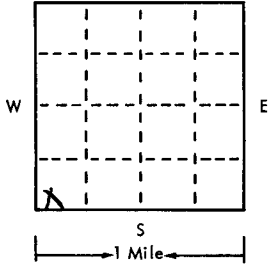


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-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 <b>ELLIS</b>	Township name <b>CATHERINE</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>9</b>	Town number <b>1115</b>	Range number <b>16W</b>	
Distance and direction from nearest town or city: <b>12 SOUTH OF PLAINVILLE 10 1/2 EAST</b> Street address of well location if in city:				3 Owner of well: <b>Gene CRAIG</b> Address: <b>NATOMA KANS</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>35</b> ft. Date of completion <b>6/21/79</b> Well diameter <b>6 1/4</b> in.		
2 Type and color of material			From	To	5 <input type="checkbox"/> Cable tool <input checked="" 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			
TOP SOIL + CLAY			0	15	6 Use: <input 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 checked="" type="checkbox"/> <b>LIVESTOCK</b>			
GRAVEL			15	30	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>2 1/2</b> in. Diam. Weight <b>200</b> lbs./ft. <b>0.280</b> <b>6</b> in. to <b>35</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth			
BLUE SHALE			30	35	8 Screen: <b>NONE USED PERFORATED</b> Manufacturer <b>CASINS</b> Type <b>PVC</b> Dia. <b>6</b> Slot/gauze <b>1/16</b> Length <b>3 1/2</b> ft. Set between <b>17</b> ft. and <b>30</b> ft. <b>13 1/2</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>CMF.</b>			
					9 Static water level: <b>15</b> ft. below land surface Date _____			
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>35</b> 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 <input checked="" type="checkbox"/> <b>2 1/2</b> 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 <b>6</b> ft. to <b>10</b> ft.			
					14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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							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. <b>JAMES BROS WATER WELL DRILLING 285</b> Business name License No. _____ Address <b>2048 RR #3 PLAINVILLE KANSAS</b> Signed <b>James Bros</b> Date <b>7/19/79</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<b>OWNER WILL FINISH WELL TO STATE REQUIREMENTS</b>					

11 16W 9 SUSUS 285

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

Form WWC-5