

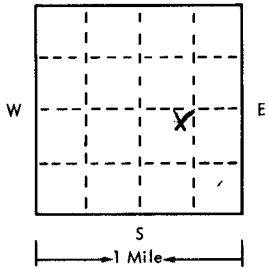
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

DBA

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 TREGO	Township name WAKEENEY NE NW SE	Fraction 20	Section number 12	Town number 23W	Range number																													
Distance and direction from nearest town or city: 1 1/2 S 1/2 W			3 Owner of well: E. JAY DEINES																																
Street address of well location if in city: WAKEENEY KS			Address: WAKEENEY KS																																
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 108 ft. Date of completion: 3-31-78 Well diameter 8 in.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">2 Type and color of material</td> <td style="width:10%;">From</td> <td style="width:10%;">To</td> </tr> <tr> <td>SURFACE CLAY</td> <td>0</td> <td>20</td> </tr> <tr> <td>SANDY CLAY BR</td> <td>20</td> <td>50</td> </tr> <tr> <td>ROCK white</td> <td>50</td> <td>55</td> </tr> <tr> <td>CLAY "</td> <td>55</td> <td>62</td> </tr> <tr> <td>SAND & GRAVEL</td> <td>62</td> <td>80</td> </tr> <tr> <td>SANDY CLAY BR</td> <td>80</td> <td>92</td> </tr> <tr> <td>SAND & GRAVEL</td> <td>92</td> <td>106</td> </tr> <tr> <td>SHALE BLUE</td> <td>106</td> <td>108</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </table>			2 Type and color of material	From	To	SURFACE CLAY	0	20	SANDY CLAY BR	20	50	ROCK white	50	55	CLAY "	55	62	SAND & GRAVEL	62	80	SANDY CLAY BR	80	92	SAND & GRAVEL	92	106	SHALE BLUE	106	108	(use a second sheet if needed)			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		
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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																																			
7 Casing: Material 5889 Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 108 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																			
8 Screen: J.T.L. Manufacturer J.T.L. Type SHOT Dia. 5" Slot/gauze 20 Length 20 Set between 108 ft. and 88 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/16																																			
9 Static water level: 60 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 _____ 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 12 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 18 ft. to 6 ft.																																			
14 Nearest source of possible contamination: ft. _____ Direction E Type _____ 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 BARE FARM LAND 2310 TOPO																																			
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. DARREL MINIMUM 290 Business name MOBLAND KS License No. _____ Address _____ Signed [Signature] Date 3-31-78 Authorized representative																																			

12 23W 20 NE NW SE