

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

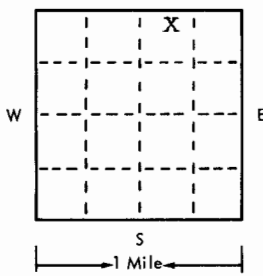
Russell County, NE

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

475A

1 Location of well:	County Logan	Township name Monument	Fraction NE 1/4 NW 1/4 NE 1/4	Section number 28-12-34	Town number 10	Range number 34
Distance and direction from nearest town or city: 12 miles SW of Monument, Ks. Street address of well location if in city:				3 Owner of well: Delton W. Hubert Monument, Kansas 67747		
Locate with "X" in section below: N 		Sketch map:		4 Well depth: 31 ft. Date of completion 10/3/75 Well diameter 8 in.		
2 Type and color of material				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		
				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 <input type="checkbox"/> <u>Pipe Line Well</u>		
				7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. MHC Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 3 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer T & I Type RMP Dia. 5" Slot/gauze .022 Length 2.5" Set between 21 ft. and 31 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8"		
				9 Static water level: 25 ft. below land surface Date 10/3/75		
				10 Pumping level below land surfaces: _____ ft. after NA hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Top Soil				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Clay				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 20 inches above grade		
Sandy Clay				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 4 ft.		
Sand				14 Nearest source of possible contamination: ft. _____ Direction None Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Shale				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Red Topret Model number 12BC HP 3/4 Volts 230 Length of drop pipe 20 ft. capacity 7 g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(use a second sheet if needed)						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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. Bartell Drilling 139 Business name _____ License No. _____ Address Winona, Kansas 67764 Signed Jay Bartell Date 1-5-76 Authorized representative		

175

1/8"

12 34 W 28 NE NW NE

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

Form WWC-5