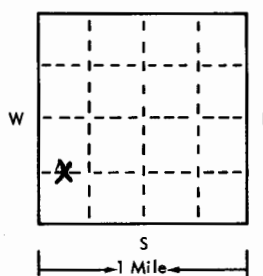


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County <b>Lincoln</b>	Township name	Fraction <b>0W 1/2 SW 1/4</b>	Section number <b>20</b>	Town number <b>12S</b>	Range number <b>6W</b>
Distance and direction from nearest town or city: <b>3S 7E</b>				3 Owner of well: <b>Rodger Crawford</b>		
Street address of well location if in city: <b>LINCOLN, KS</b>				Address: <b>LINCOLN, KANS</b>		
Locate with "X" in section below: N  S W E 1 Mile			Sketch map:			4 Well depth: <b>50</b> ft. Date of completion <b>7-3-75</b> Well diameter <b>30</b> in.
2 Type and color of material			From		To	
			<b>TOP Soil - Clay</b>		<b>0 25</b>	
<b>Sand - Gravel</b>		<b>25 50</b>		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 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"/>			
			7 Casing: Material <b>IRON</b> Height: <input checked="" type="checkbox"/> above / <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. Diam. <b>1 1/2</b> in. to <b>30</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>1 1/2</b> in. to <b>30</b> ft. depth			
			8 Screen: Manufacturer <b>Doerr's</b> Type <b>IRON</b> Dia. <b>1 1/2</b> " Slot/gauze <b>1/8</b> Length <b>20'</b> Set between <b>30</b> ft. and <b>50</b> ft. Fittings: <b>1/8" - 3/4"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			9 Static water level: <b>10</b> ft. below land surface Date <b>7-3-75</b>			
			10 Pumping level below land surfaces: <b>37</b> ft. after <b>3</b> hrs. pumping <b>900</b> g.p.m. ____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1000</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"/> Inches above grade <b>24</b>			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From <b>0</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>Kelly's Water Well Serv. Inc</b> Business name _____ License No. _____ Address <b>R2 Great Bend, KS</b> Signed <b>Kelly Ince</b> Date <b>7-25-75</b> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			(use a second sheet if needed)			

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

Form WWC-5