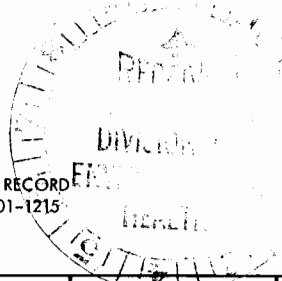


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Ellis</i>	Township name <i>Ellis</i>	Fraction <i>SW 1/4 SW</i>	Section number <i>8</i>	Town number <i>13 South</i>	Range number <i>20 West</i>
Distance and direction from nearest town or city:				3 Owner of well: <i>John F. A. Brown</i>		
Street address of well location if in city: <i>1206 Fantasy, Ellis, Kas.</i>				Address: <i>1206 Fantasy St, Ellis, Kansas 67637</i>		
Locate with "X" in section below: N W E S 1 Mile				4 Well depth: <i>55</i> ft. Date of completion <i>12-2-74</i> Well diameter <i>10</i> in.		
Sketch map: 				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		
2 Type and color of material				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>farm</i>		
From To				7 Casing: Material <i>PVC</i> Height: <i>above/below</i> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. <i>3/4" + screws</i> Weight _____ lbs./ft. _____ <i>5</i> in. to <i>55</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>200-21-35-1/4" thick</i>		
<i>dirt Black</i> 1 18				8 Screen: Manufacturer <i>Jess & Lowell Storage</i> Type <i>Plastic</i> Dia. <i>5"</i> Slot/gauze <i>1/16"</i> Length <i>20'</i> Set between <i>15</i> ft. and _____ ft. <i>55 1/4-3/8"</i> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>GMA.</i>		
<i>Red sand mixed with dirt Black</i> 18 34				9 Static water level: <i>34</i> ft. below land surface Date <i>12-2-74</i>		
<i>Gray sand and Rock Layer yellow</i> 34 40				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>10</i> g.p.m.		
<i>medium to fine sand gray</i> 40 55				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <i>12"</i> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <i>Shank's Clay</i> Depth: From <i>10</i> ft. to <i>15</i> ft.		
				14 Nearest source of possible contamination: <i>House Sewer</i> ft. <i>50</i> Direction <i>SW</i> Type <i>Sewer</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Chlorox</i>		
				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		
(use a second sheet if needed)						
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. <i>Lula Water Well Drilling</i> Business name _____ License No. _____ Address: <i>503 Monroe</i> <i>276</i> Signed: <i>John Lula</i> Date <i>12-2-74</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Ellis, Kas.

Form WWC-5