

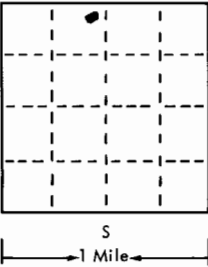
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

NE NE NW

1 Location of well:	County <i>Ellis</i>	Township name <i>Ellis</i>	Fraction <i>N. 1/4</i>	Section number <i>9</i>	Town number <i>13S</i>	Range number <i>20W</i>
Distance and direction from nearest town or city: Street address of well location if in city: <i>500 Calvary Ellis, Kas.</i>				3 Owner of well: <i>Paul Powell</i> Address: <i>302 E 12th Ellis, Kansas</i>		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: <i>28</i> ft. Date of completion <i>5-2-75</i> Well diameter <i>8</i> 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
<i>Black soil</i>				<i>0</i>	<i>18</i>	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"/> <i>Garden</i>
<i>Red faded ^{fine} sand + coarse sand</i>				<i>18</i>	<i>27</i>	7 Casing: Material <i>Plastic</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>14</i> in. Diam. <i>Collar + screws</i> Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Shale</i>				<i>27</i>	<i>28</i>	_____ in. to _____ ft. depth <i>200-135-1/2" thick</i> 8 Screen: <i>Jess + Lowell</i> Manufacturer _____ Type <i>Plastic</i> Dia. <i>5</i> Slot gauge <i>1/8"</i> Length <i>10</i> Set between <i>18</i> ft. and _____ ft. <i>28</i> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8-1/4"</i>
						9 Static water level: <i>20</i> ft. below land surface Date <i>5-2-75</i>
						10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>3</i> 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"/> <i>14</i> 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 <i>0</i> ft. to <i>10</i> ft.
						14 Nearest source of possible contamination: ft. <i>20</i> Direction <i>south</i> Type <i>sewer</i> 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.m.p. Type: <i>Wind mill</i> <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. <i>Luce Water Well Drilling</i> Business name _____ License No. _____ Address <i>503 Monroe</i> _____ Signed <i>John Luce</i> _____ Date _____ Authorized representative <i>Ellis, Kas.</i>		
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.

Form WWC-5