

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

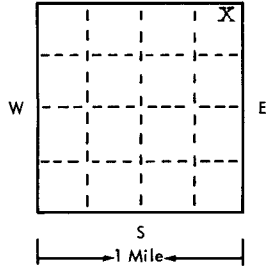
ORIGINAL

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

AAA

1 Location of well:	County Gove	Township name Gaeland	Fraction NE-NE $\frac{1}{4}$	Section number 22	Town number 13	Range number 31
Distance and direction from nearest town or city: 14 miles west and 3 miles south of Street address of well location if in city: Gove Kansas				3 Owner of well: Joe Hockersmith RR1 Address: Oakley, Kansas 67748		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: 68 ft. Date of completion 5/6/75 Well diameter 5 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 checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
Top Soil			0	15	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"/>	
Sand			15	19	7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Dig. Weight _____ lbs./ft. _____ 5 in. to 68 ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
Sandy Clay			19	27	8 Screen: Manufacturer Jet Stream Type RMP Dia. 5" Slot/gauze .032 Length 2.5" Set between 48 ft. and 68 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8	
Sand			27	44	9 Static water level: 50 ft. below land surface Date 5/6/75	
Clay			44	53	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.	
Sand			53	65	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Oker and Shale			65	68	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
(use a second sheet if needed)					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.	
					14 Nearest source of possible contamination: ft. _____ Direction None Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			2908 (Topo)		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	
					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. 67761 Address Winona, Kansas Signed Robert L. Bartell Date 6/14/75 Authorized representative	

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

Form WWC-5