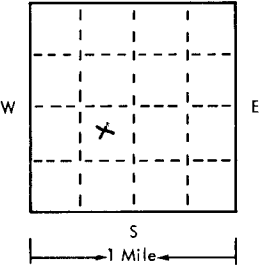


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Ellsworth</i>	Township name	Fraction <i>CNE 1/4</i> <i>SW 1/4</i>	Section number <i>17</i>	Town number <i>T-14-S</i>	Range number <i>R-8-W</i>
Distance and direction from nearest town or city: Street address of well location if in city: <i>7 N. Ellsworth</i>			3 Owner of well: <i>Irene Gerbitz</i> Address: <i>R1 Ellsworth, Kan</i>			
Locate with "X" in section below: N  Sketch map:			4 Well depth: <i>235</i> ft. Date of completion <i>1-17-75</i> Well diameter <i>9</i> in.			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 type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>LIVE STOCK</i>			7 Casing: Material <i>PVC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. <i>160 PSI</i> Weight _____ lbs./ft. _____ <i>5</i> in. to <i>228</i> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
			From To			8 Screen: Manufacturer <i>OURS NPI</i> Type <i>drilled</i> Dia. <i>5"</i> Slot/gauze <i>1/8"</i> Length <i>4'</i> Set between <i>228</i> ft. and <i>235</i> ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8-3/4"</i>
Clay			<i>0</i> <i>7</i>			9 Static water level: <i>190</i> ft. below land surface Date <i>1-17-75</i>
Shale			<i>7</i> <i>228</i>			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Sand-Rock			<i>228</i> <i>233</i>			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Shale			<i>233</i> <i>235</i>			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> <i>12"</i> 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 <i>0</i> ft. to <i>10</i> ft.
16 Remarks: elevation						14 Nearest source of possible contamination ft. _____ Direction <i>NONE</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Is a pasture well.</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
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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. <i>Kellys Water Well Serv 186</i> Business name _____ License No. _____ Address <i>R2 Great Bend</i> Signed <i>Kelly Price</i> Date <i>1-28</i> Authorized representative