

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

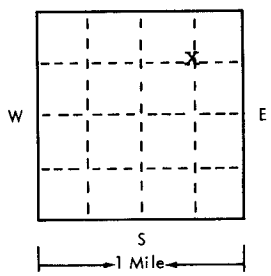
HEALY

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

ABD

1 Location of well:	County Lane	Township name Cheyenne SE-NW-NE	Fraction 1E, 2N, 1E, 1/2S	Section number 31	Town number 16	Range number 29																																	
Distance and direction from nearest town or city: 1E, 2N, 1E, 1/2S of Healy, KS				3 Owner of well: Clayton Magie																																			
Street address of well location if in city: of Healy, KS				Address: Healy, KS 67850																																			
Locate with "X" in section below: 				Sketch map:																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Clay</td><td>0</td><td>15</td></tr> <tr><td>Fine sd clay</td><td>15</td><td>20</td></tr> <tr><td>Clay</td><td>20</td><td>25</td></tr> <tr><td>Sd rock</td><td>25</td><td>29</td></tr> <tr><td>Fine sd clay</td><td>29</td><td>62</td></tr> <tr><td>Fine sd clay</td><td>62</td><td>81</td></tr> <tr><td>Sd coarse</td><td>81</td><td>89</td></tr> <tr><td>Clay yellow</td><td>89</td><td>93</td></tr> <tr><td>Shale</td><td>93</td><td>95</td></tr> <tr><td colspan="3" style="text-align:center;">(use a second sheet if needed)</td></tr> </tbody> </table>				2 Type and color of material	From	To	Clay	0	15	Fine sd clay	15	20	Clay	20	25	Sd rock	25	29	Fine sd clay	29	62	Fine sd clay	62	81	Sd coarse	81	89	Clay yellow	89	93	Shale	93	95	(use a second sheet if needed)			4 Well depth: <u>95</u> ft. Date of completion <u>8-12-75</u> Well diameter <u>9</u> in.		
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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																																							
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"/>																																							
7 Casing: Material <u>Plas</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. Weight <u>1.8</u> lbs./ft. <u>5</u> in. to <u>25</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																							
8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze _____ Length _____ Set between <u>25</u> ft. and <u>95</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u>																																							
9 Static water level: <u>65</u> ft. below land surface Date <u>8-12-75</u>																																							
10 Pumping level below land surfaces: <u>NA</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.																																							
11 Water sample submitted: <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____																																							
12 Well head completion: <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 checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>15</u> ft.																																							
14 Nearest source of possible contamination: <u>None</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Dempster</u> Model number _____ HP <u>2</u> Volts <u>230</u> Length of drop pipe <u>90</u> 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 <u>2829 (TOPO)</u>				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. <u>Weishaar Drilling</u> <u>232</u> Business name _____ License No. _____ Address <u>Scott City, KS 67871</u> Signed <u>[Signature]</u> Date <u>8-11-75</u> Authorized Representative																																			

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

Form WWC-5