

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

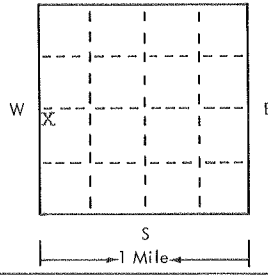
HEALY NW

C B B  
 1631 W 22 N 16 E 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

C B B

1 Location of well:	County <u>Scott</u>	Township name <u>Michigan</u>	Fraction <u>NW/4SW</u>	Section number <u>22</u>	Town number <u>16</u>	Range number <u>31</u>
Distance and direction from nearest town or city: <u>7N, 1W of Manning, KS</u>			3 Owner of well: <u>John Hrbek</u>			
Street address of well location if in city: <u>Manning, KS</u>			Address: <u>Healy, KS 67850</u>			
Locate with "X" in section below: N 			Sketch map:			4 Well depth: <u>150</u> ft. Date of completion <u>9-3-75</u> Well diameter <u>9</u> 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			
			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. <u>5</u> in. to <u>120</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>   </u> ft. depth			
2	Type and color of material	From	To	8 Screen: Manufacturer <u>Jess &amp; Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot/gauze <u>   </u> Length <u>   </u> Set between <u>120</u> ft. and <u>150</u> ft. <u>   </u> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#1</u>		
	Clay	0	19	9 Static water level: <u>115</u> ft. below land surface Date <u>9-3-75</u>		
	Gyp	19	32	10 Pumping level below land surfaces: <u>125</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.		
	Clay	32	42	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u>		
	Sd rock	42	45	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
	Fine sd clay	45	49	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"/> <u>   </u> Depth: From <u>0</u> ft. to <u>15</u> ft.		
	Sd rock	49	58	14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>E</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Fine sd clay	58	73	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>150T1</u> HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>147</u> ft. capacity <u>20</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
	Sd rock	73	105			
	Fine sd T	105	127			
	Sd coarse	127	138			
	Fine sd clay	138	147			
	Clay yellow	147	150			
	Shale	150				
	<u>BROCK 149'</u>					
(use a second sheet if needed)						
16 Remarks: elevation <u>2918 (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>9-11-75</u> Authorized representative			

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

Form WWC-5

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