

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

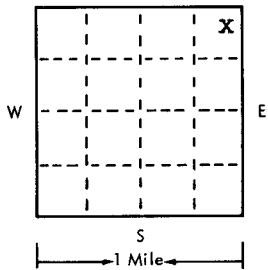
SHARON SPRINGS 4NE

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 <b>Wichita</b>	Township name <b>Beaver</b>	Fraction <b>NE NE N/E</b>	Section number <b>5</b>	Town number <b>16</b>	Range number <b>38</b>
Distance and direction from nearest town or city: <b>1 1/2 N of Selkirk</b>			3 Owner of well: <b>West Bethany Church</b>			
Street address of well location if in city:			Address: <b>Leoti, KS</b>			
Locate with "X" in section below: N 			Sketch map:			4 Well depth: <b>215</b> ft. Date of completion <b>4-23-75</b> Well diameter <b>9</b> 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			
			7 Casing: Material <b>Plas</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. Weight <b>1.8</b> lbs./ft. <b>5</b> in. to <b>185</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth			
2	Type and color of material	From	To	8 Screen: Manufacturer <b>Jess &amp; Lowell</b> Type <b>Plastic</b> Dia. <b>5</b> Slot/gauze _____ Length _____ Set between <b>185</b> ft. and <b>215</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>#1</b>		
	Clay	0	25	9 Static water level: <b>138</b> ft. below land surface Date <b>4-23-75</b>		
	Gyp	25	58	10 Pumping level below land surfaces: <b>148</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
	Clay	58	67	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
	Sd coarse	67	77	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
	Fine sd clay	77	85	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 <b>0</b> ft. to <b>15</b> ft.		
	Sd coarse	85	88	14 Nearest source of possible contamination: ft. <b>400</b> Direction <b>SE</b> Typ <b>Septic</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Clay	88	102	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Red Jacket</b> Model number <b>75T1</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe <b>170</b> ft. capacity <b>10</b> g.m.p. 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 coarse	102	120	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. <b>Weishaar Drilling</b> <b>232</b> Business name License No. Address <b>Scott City, KS 67871</b> Signed <b>[Signature]</b> Date <b>5-29-75</b> Authorized representative		
	Clay	120	136			
	Sd coarse	136	140			
	Sd rock	140	141			
	Fine sd clay	141	170			
	Sd coarse	170	185			
	Clay	185	186			
	Sd coarse	186	188			
	Clay	188	189			
16	Remarks: elevation Sd coarse <b>3483 (TOP)</b> Yellow Shale  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley  <b>BROCK 215'</b>	189	215			

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

Form WWC-5