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

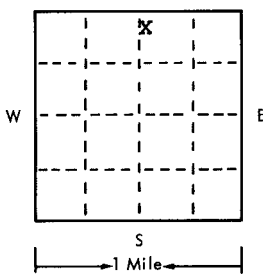
RUSSELL SPRINGS 3SE

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

A135

| | | | | | | |
|---|--------------------------|--|---|---|-----------------------------|-------------------------------|
| 1 Location of well: | County Wichita | Township name Leoti | Fraction NW$\frac{1}{4}$ NW$\frac{1}{4}$ NE$\frac{1}{4}$ S | Section number 5 | Town number T 18S | Range number R 36 W |
| Distance and direction from nearest town or city: 2 miles East 3 miles North of Leoti Street address of well location if in city: | | | | 3 Owner of well: Eugene Berning RR #1 Address: Marienthal, Kansas 67862 | | |
| Locate with "X" in section below: N  W E S 1 Mile | | Sketch map: NW$\frac{1}{4}$ NW$\frac{1}{4}$ NE$\frac{1}{4}$ S 1000 feet from North edge on west side of quarter 600 to be irrigated with his other well | | 4 Well depth: 211 ft. Date of completion 6-20-75 Well diameter 30 in. | | |
| 2 Type and color of material | | From | To | 5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary | | |
| clay rock and sand | | 0 | 125 | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> | | |
| fine sand tight | | 125 | 131 | 7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 36 lbs./ft. 16 in. to 211 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | |
| fine sand light streaks rock | | 131 | 150 | 8 Screen: W. A. Brown Enterprises Manufacturer _____ Type steel Dia. 16" Slot gauge 2" Length 60 Set between 151 ft. and 211 ft. 60 Fittings: welded Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/4 | | |
| fine medium sand loose | | 150 | 155 | 9 Static water level: 145 ft. below land surface Date 6-21-75 | | |
| fine medium sand and clay streaks | | 155 | 164 | 10 Pumping level below land surfaces: 210 ft. after 8 hrs. pumping 750 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 750 g.p.m. | | |
| clay | | 164 | 175 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| medium sand 175 | | 175 | 179 | 12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12 | | |
| sandy clay | | 179 | 181 | 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 0 ft. to 10 ft. | | |
| good medium loose sand | | 181 | 185 | 14 Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| clay | | 185 | 187 | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Byron Jackson Pump Model number turbine 50 Volts _____ Length of drop pipe 200 ft. capacity 750 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| fine medium sand, gravel | | 187 | 208 | 16 Remarks: elevation 3290 (top) | | |
| soapstone | | 208 | 211 | 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. Northwest Drilling Co., Inc. 248 Business name _____ License No. _____ Address Scott City, Kansas Signed Ben Hain Date 7-29-75 Authorized representative | | |
| (use a second sheet if needed) | | | | | | |

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

Form WWC-5