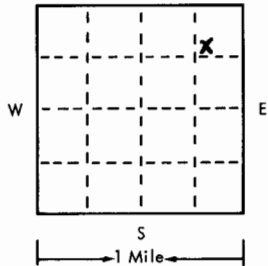
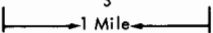


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Wichita</u>	Township name <u>White Woman</u>	Fraction <u>SW 1/4 NE 1/4 NE 1/4</u>	Section number <u>19</u>	Town number <u>18</u>	Range number <u>37</u>
Distance and direction from nearest town or city: <u>3.5W. 2.5S. 2.5E</u>				3 Owner of well: <u>Gene Wood ard</u>		
Street address of well location if in city: <u>Leoti, Ks</u>				Address: <u>Maize, Kansas</u>		
Locate with "X" in section below: 				Sketch map: 		
2				4 Well depth: <u>188</u> ft. Date of completion <u>10-15-75</u> Well diameter <u>12 1/2</u> in.		
Type and color of material				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		
<u>soil</u>				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		
<u>clay</u>				7 Casing: Material <u>Steel</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>12</u> in. to <u>148</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>12</u> in. to <u>148</u> ft. depth		
<u>Fine sand</u>				8 Screen: <u>WA Brown</u> Manufacturer <u>WA Brown</u> Dia. <u>12"</u> Type <u>Punched</u> Slot/gauze <u>10/20</u> Length <u>40</u> Set between <u>178</u> ft. and <u>188</u> ft. Fittings: <u>6-5/8</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>8</u>		
<u>clay</u>				9 Static water level: <u>130</u> ft. below land surface Date <u>10-15-75</u>		
<u>Sand</u>				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>800</u> g.p.m.		
<u>clay</u>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Med sand</u>				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
<u>Fine sand</u>				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>10</u> ft.		
<u>Red sandy clay</u>				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Med sand</u>				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		
<u>clay</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>WHITNEY DRILLING</u> <u>256</u> Business name _____ License No. _____ Address <u>495 Antelope</u> <u>Scotch City, KS</u> Signed <u>John Whitney</u> Date <u>2-22-80</u> Authorized representative		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

18 37W 19 SUNE NE

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

Form WWC-5