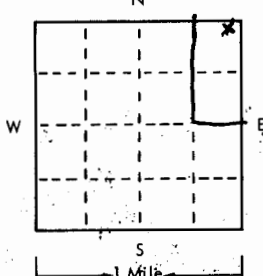


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County NESS	Township name FRANKLIN NE	Fraction 40	Section number 24	Town number 19	Range number 24																														
Distance and direction from nearest town or city: 1 MI WEST FROM NESS CITY 4 MILES SOUTH +				3 Owner of well: VERA DUGAN																																
Street address of well location if in city:				Address: NESS CITY KANSAS																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>TOPSOIL</td> <td>0</td> <td>6</td> </tr> <tr> <td>BROWN CLAY</td> <td>6</td> <td>24</td> </tr> <tr> <td>GOOD COURSE SAND</td> <td>24</td> <td>32</td> </tr> <tr> <td>BLACK SHALE</td> <td>32</td> <td>36</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	TOPSOIL	0	6	BROWN CLAY	6	24	GOOD COURSE SAND	24	32	BLACK SHALE	32	36																4 Well depth: 38 ft. Date of completion 4 FEB 74 Well diameter 5 in.		
				2 Type and color of material	From	To																														
				TOPSOIL	0	6																														
				BROWN CLAY	6	24																														
				GOOD COURSE SAND	24	32																														
				BLACK SHALE	32	36																														
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 STYRENE Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. _____ Weight 250 lbs./ft. 5 in. to 28 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!																																				
8 Screen: Manufacturer J & L Type STYRENE Dia. 5 1/2 Slot/gauze 1/4 Length 10' Set between 28 ft. and 38 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1																																				
9 Static water level: 24 ft. below land surface Date 4 FEB 74																																				
10 Pumping level below land surfaces: 26 ft. after 2 hrs. pumping 12 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 80 g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter 24 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 0 ft. to 11 ft.																																				
14 Nearest source of possible contamination: ft. 80 Direction EAST Type CORRALS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name FAIRBANKS Model number _____ HP _____ Volts _____ Length of drop pipe 32 ft. capacity 14 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																																				
16 Remarks: elevation				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. DEAN WATERHOUSE PRLC Business name _____ License No. 2-13 Address HANSTON KANSAS Signed Dean Waterhouse Date 22-February 74 Authorized representative																																

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

Form WWC-5

19 24 22 84 2-13 NE