

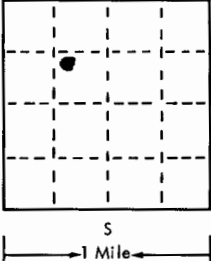
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

Youse #1

1 Location of well:	County <i>Rice</i>	Township name	Fraction <i>NWSE NW</i>	Section number <i>29</i>	Town number <i>19S</i>	Range number <i>9W</i>
Distance and direction from nearest town or city: <i>2 north</i> Street address of well location if in city: <i>1/2 east Chase</i>				3 Owner of well: <i>Duke Drilling Co</i> Address: <i>Great Bend Ks.</i>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>65</i> ft. Date of completion: <i>8-11-75</i> Well diameter: <i>7</i> in.
2			Type and color of material		From	To
			<i>Clay</i>		<i>0</i>	<i>20</i>
		<i>Sand</i>		<i>20</i>	<i>40</i>	
		<i>Gravel</i>		<i>40</i>	<i>65</i>	
					8 Screen: Manufacturer: <i>Perless Plastic</i> Type: <i>PVC</i> Dia. <i>4</i> Slot gauge: <i>5</i> Length: <i>10</i> Set between: <i>35</i> ft. and <i>65</i> ft. Fittings: Gravel pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: <i>1/4</i>	
					9 Static water level: <i>12</i> ft. below land surface Date: <i>8-11-75</i>	
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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 <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.	
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.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	
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. <i>Myers Water Well 143</i> Business name _____ License No. _____ Address: <i>Great Bend Ks.</i> Signed: <i>Robert Myers</i> Date: <i>8-11-75</i> Authorized representative	

19 9W 29 NWSE NW