

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

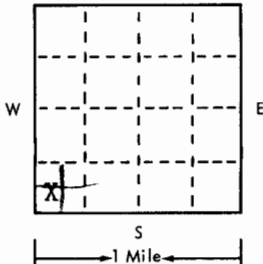
SELKIRK SE

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

000

1 Location of well:	County Wichita	Township name Whitewater	Fraction SW $\frac{1}{4}$ of SW $\frac{1}{4}$	Section number 8	Town number 20 S	Range number 38 W																														
Distance and direction from nearest town or city: $\frac{1}{2}$ mi. east, 9 mi. south, 1 mi. west, & 1 mi. south of Selkirk				3 Owner of well: Dave Woelk Address: Tribune, Kansas 67879																																
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Overburden</td> <td>0</td> <td>170</td> </tr> <tr> <td>Sand & a little clay</td> <td>170</td> <td>214</td> </tr> <tr> <td>Shale</td> <td>214</td> <td>220</td> </tr> <tr> <td colspan="3" style="text-align:center;">BROOK 214</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	Overburden	0	170	Sand & a little clay	170	214	Shale	214	220	BROOK 214																		4 Well depth: 220 ft. Date of completion 3/11/75 Well diameter 26 in.		
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				Overburden	0	170																														
				Sand & a little clay	170	214																														
				Shale	214	220																														
				BROOK 214																																
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																																				
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																																				
7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. Weight ___ lbs./ft. ___ 16 in. to 220 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth																																				
8 Screen: Manufacturer W. A. Brown Type FREE FLO Dia. 16 Slot/gauze slot Length 2" Set between 180 ft. and 220 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 5/8																																				
9 Static water level: 170 ft. below land surface Date 3-14-75																																				
10 Purging level below land surfaces: 210 ft. after 6 hrs. pumping 450 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 450 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 checked="" 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 0 ft. to 10 ft.																																				
14 Nearest source of possible contamination: ft. ___ Direction ___ Type None 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.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																																				
16 Remarks: elevation Level 3437 (TOPG) Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				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. ARK VALLEY PUMP & SUPPLY 123 Business name License No. Address ___ Signed Dave Smith Date 8-29-75 Authorized representative																																

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

Form WWC-5