

TRIBUNE SE

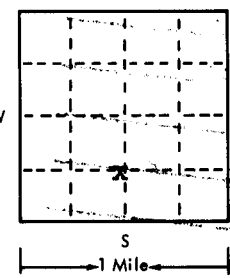
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

CDA

1 Location of well:	County Greeley	Township name Harrison NE SE-94	Fraction	Section number 20	Town number 20	Range number 40
Distance and direction from nearest town or city: 12S, 1/2W, 1/4N of			3 Owner of well: W. Mallory			
Street address of well location if in city: Tribune, KS			Address: Tribune, KS			
Locate with "X" in section below: 			Sketch map:			4 Well depth: 183 ft. Date of completion 4-28-75 Well diameter 9 in.
			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 Plas Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight 1.8 lbs./ft. _____ 5 in. to 163 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
			8 Screen: Manufacturer Jess & Lowell Type Plastic Dia. 5 Slot/gauze _____ Length _____ Set between 163 ft. and 183 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1			
2 Type and color of material			9 Static water level: 167 ft. below land surface Date 4-28-75			
			10 Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
Clay			11 Water sample submitted: NA <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
Sd coarse			12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
Clay			13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			
Sd coarse			14 Nearest source of possible contamination: NA ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sd rock H			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			
Sdy clay			16 Remarks: elevation 3590 (TOPO) Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			
Clay						
Sd coarse						
Clay						
Sd coarse						
Sd rock H						
Sd coarse						
Clay yellow						
Shale						
(use a second sheet if needed)						
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. Weishear Drilling 232 Business name _____ License No. _____ Address Scott City, KS 67871 Signed _____ Date 5-29-75 Authorized representative						