

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

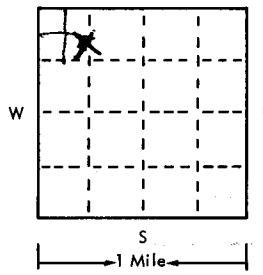
BAZINE SW

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

BBD

1 Location of well:	County <b>HODGEMAN</b>	Township name <b>VIARENA</b>	Fraction <b>SE NW NW</b>	Section number <b>2</b>	Town number <b>21</b>	Range number <b>22</b>
Distance and direction from nearest town or city: <b>9 MI NORTH 1/2</b> <b>ME EAST 1/4 SOUTH HANSTON</b>			3 Owner of well: <b>ALICE POWELL</b> Address: <b>HANSTON KANSAS</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>65</b> ft. Date of completion <b>27 Jan 75</b> Well diameter <b>7 1/2</b> in.		
2 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		
				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"/>		
Black topsoil 0 8 MEDIUM TO TOUGH BROWN CLAY 8 24 TOUGH BLUE CLAY 24 32 GOOD SAND GETS BETTER WITH DEPTH 32 63 LIGHT TAN SANDY CLAY 63 67				7 Casing: Material <b>PLASTIC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>24</b> in. Diam. Weight <b>250</b> lbs./ft. <b>5</b> in. to <b>15</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth!		
				8 Screen: Manufacturer <b>JESSA + LOWE</b> Type <b>STYRENE</b> Dia. <b>5"</b> Slot/gauze <b>FINE</b> Length <b>10'</b> Set between <b>55</b> ft. and <b>66</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>4-6</b>		
BROCK 63' 36 27' sat thick				9 Static water level: <b>36</b> ft. below land surface Date <b>28 Jan 75</b>		
				10 Pumping level below land surfaces: <b>40</b> ft. after <b>2</b> hrs. pumping <b>15</b> g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.		
in Alluvium				11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date ___		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>24</b>		
(use a second sheet if needed)				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 <b>4</b> ft. to <b>12</b> ft.		
				14 Nearest source of possible contamination: ft. <b>150</b> Direction <b>NW</b> Type <b>JEWELL</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley <b>TOPO</b>  <b>2161</b> <b>63</b> <b>2098</b>				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>REDA</b> Model number <b>909P001</b> HP <b>1/2</b> Volts <b>230</b> Length of drop pipe <b>52</b> ft. capacity <b>15</b> g.m.p. 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		
				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. <b>DEAN WATER KESSE DRILLING</b> Business name License No. <b>2-3A</b> Address <b>HANSTON, KANSAS</b> Signed <b>Dean Water Kesse</b> Date <b>1/28/75</b> Authorized representative		

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

Form WWC-5