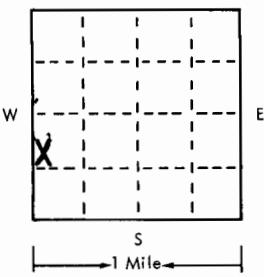


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>LARKEY</b>	Township name <b>EMMA</b>	Fraction	Section number <b>8614-20</b>	Town number <b>22 S</b>	Range number <b>1 W</b>
Distance and direction from nearest town or city: <b>2 W + 3/4 S of Hesston</b>			3 Owner of well: <b>MORRIS CUMMINGS</b> Address: <b>RFD-1 Hesston KS</b>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>47</b> ft. Date of completion <b>7-7</b> Well diameter <b>4</b> in.
2 Type and color of material			From	To	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 type="checkbox"/> Reverse rotary	
<i>This was a hand dug well with 20 ft hole drilled for bottom (we cased well with 4 in 200 type pipe &amp; gravel casing then grouted up to 13 ft from top then grouted 10 ft &amp; installed 2 pipe pitless adapter at 30 inch level</i>			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			
			7 Casing: Material <b>Plastic</b> (Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. Diam. _____ Weight <b>1</b> lbs./ft. _____ _____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			
			8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			9 Static water level: <b>20</b> ft. below land surface Date <b>7-7-75</b>			
			10 Pumping level below land surfaces: <b>30</b> ft. after <b>4</b> hrs. pumping <b>17</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>6-25-75</b> <b>7-7-75</b>			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <b>13</b> ft. to <b>3</b> ft.			14 Nearest source of possible contamination: ft. <b>70</b> Direction <b>NORTH</b> Type <b>SEPTIC</b> Well disinfected upon completion? <input checked="" 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			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>Drew R. Sue</b> <b>211</b> Business name _____ License No. _____ Address <b>406 Ramon Rd Newton, KS</b> Signed _____ Date <b>7-15-75</b> Authorized representative			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley  (use a second sheet if needed)						