

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

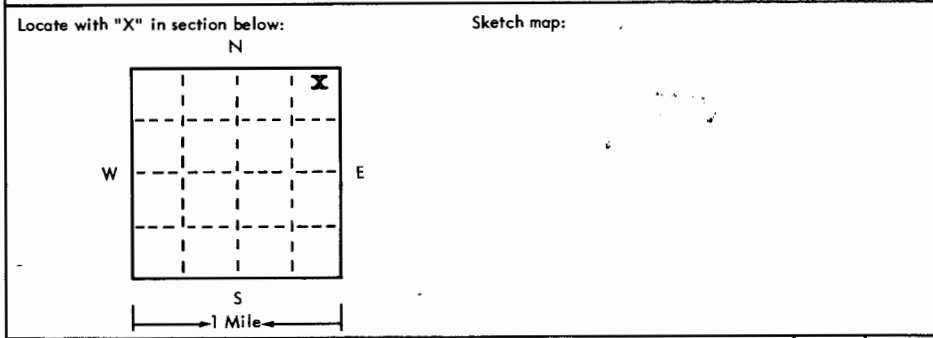
AAA

1 Location of well:	County Kerny	Township name NE NE 1/4 NE 1/4	Fraction	Section number 17	Town number 23 S	Range number 36 W
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Distance and direction from nearest town or city:
5 north, 1 west of Lakin Ks.

Street address of well location if in city:

3 Owner of well:
Victor Michel
Address:
Lakin, Ks. 67860



4 Well depth: **170** ft. Date of completion **6-5-75**
Well diameter **7 3/4** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material **Plastic** Weight: above/below
Threaded (Welded Cemented) Surface **2 1/2** in.
Dia. **5** in. to **170** ft. depth Weight **250** lbs./ft.
Drive shoe? Yes No

2	Type and color of material	From	To
	Sand, fine	0	20
	Sand, gravel	20	40
	Sandy clay	40	80
	Sand. gravel	80	140
	Sand, clay	140	160
	Clay	160	170
	Shale	170	230
	BROCK 170'		

8 Screener
Dealer: **W A Brown Enterprises**
Manufacturer
Type **Plastic** Dia. **5"**
Slot/gauze **1/16** Length **1 1/2**
Set between **140** ft. and **170** ft.
Fittings: Gravel pack Yes No Size range of material **1/8x5/8**

9 Static water level:
120 ft. below land surface Date **6-5-75**

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield **20** g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite clay **4 to 10**
Depth: From ____ ft. to **4** ft.

14 Nearest source of possible contamination: **NA**
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 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.

High Plains Drilling & Supply, INC #46136
Business name License No.
Address **102 N 3rd, Garden City, Ks.**
Signed **Clayton D. Brown** Date **7-9-75**
Specialized Drilling Service

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

Form WWC-5