

LEOTI 3 SE

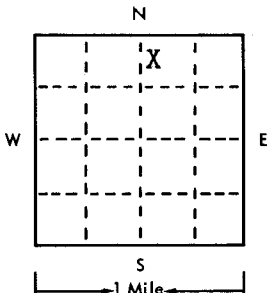
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

ABB

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>Kearny</b>	Township name <b>Lakin</b> <i>NN</i>	Fraction <b>NW<math>\frac{1}{4}</math> of NE<math>\frac{1}{4}</math></b>	Section number <b>33</b>	Town number <b>23 S</b>	Range number <b>36 W</b>
Distance and direction from nearest town or city: <b>5 mi. north, &amp; <math>\frac{1}{2}</math> mi. west of Lakin</b>			3 Owner of well: <b>C. J. Clark</b>			
Street address of well location if in city:			Address: <b>901 Bishop Lamar, Colo. 81052</b>			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <b>290</b> ft. Date of completion <b>3-16-75</b> Well diameter <b>26</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 checked="" type="checkbox"/> Reverse rotary		
Overburden		0	180	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 <input type="checkbox"/>		
Sand		180	230	7 Casing: Material <b>steel</b> Weight: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>290</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>16</b> in. to <b>290</b> ft. depth		
Sand & clay streaked		230	270	8 Screen: Manufacturer <b>W. A. Brown</b> Type <b>Free Flo</b> Dia. <b>16</b> Slot/gauze <b>slot</b> Length <b>2"</b> Set between <b>230</b> ft. and <b>290</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>5/8</b>		
Sand		270	285	9 Static water level: <b>208</b> ft. below land surface Date <b>7-12-75</b>		
Shale		285	290	10 Pumping level below land surfaces: <b>270</b> ft. after <b>8</b> hrs. pumping <b>900</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>900</b> g.p.m.		
<b>BROCK 285'</b>				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 <b>0</b> ft. to <b>10</b> ft.		
				14 Nearest source of possible contamination: ft. _____ Direction _____ Type <b>None</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Layne</b> Model number <b>75209K</b> HP <b>100</b> Volts _____ Length of drop pipe <b>280</b> ft. capacity <b>900</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
16 Remarks: elevation <b>Well sets on high ground with slop running east.</b>		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>ark valley pump &amp; supply 123</b> Business name _____ License No. _____ Address <b>205 S. First</b> Signed <b>Dave Smith</b> Date <b>8-10-75</b> Authorized representative				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>3213 (TOPO)</b>				

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

Form WWC-5