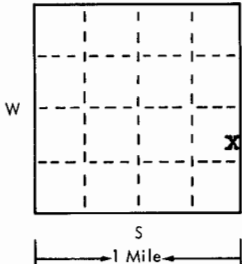


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 GRAY	Township name FOOTE	Fraction NE 1/4 SE 1/4	Section number #33	Town number T 24 S T 24 N	Range number R 28 W R 28 N
Distance and direction from nearest town or city: 7 Miles North, 2 Miles West and 1/4 Mile North of Cimarron, Kansas			3 Owner of well: MARK SCHARTZ Address: CIMARRON, KANSAS 67835			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: NE 1/4 of the SE 1/4 of Section #33 T #24 W and R #28 N.			4 Well depth: 189 ft. Date of completion 3-1-75 Well diameter 8 in.
2 Type and color of material			From	To	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 RMP Height: above/below 12 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 189 ft. depth Weight 189 lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Slot gauge 1/8" Length 30 ft. 30 ft. Set between 155 ft. and 185 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"			
			9 Static water level: 113 ft. below land surface Date 3-1-75			
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12" 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 50 ft. to 15 ft.			
			14 Nearest source of possible contamination: ft. 150 Direction East Type Sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(use a second sheet if needed)			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number SD1275 HP 3/4 Volts 230 Length of drop pipe 150 ft. capacity 12 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			
			16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> 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. JOE'S WELL SERVICE 179 Business name Box 174 Cimarron, KS. License No. Address Box 174 Cimarron, KS. Signed Joe's Well Service Date 3-6-75 Authorized representative			

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

Form WWC-5