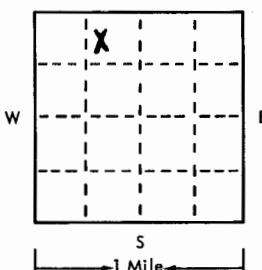


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County Kearny	Township name	Fraction SW$\frac{1}{4}$, NE$\frac{1}{4}$, NW$\frac{1}{4}$	Section number 21	Town number T 24 S	Range number R 35 W		
Distance and direction from nearest town or city: 4 miles S.W., 3/4 west & 3/4 N. of Street address of well location if in city: Deerfield			3 Owner of well: Jim Dale Address: 712 N. First Street Garden City, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: Well Drilled 7-17-75			4 Well depth: 50 ft. Date of completion 7-25-75 Well diameter 26 in.		
2 Type and color of material			From			To		
			See Attachment					
			8 Screen: Manufacturer Johnson Type Continuous Dia. 16" Slot/gauze .150 Length 15' Set between 30 ft. and 45 ft. $\frac{1}{4}$ to Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8					
			9 Static water level: 21 ft. below land surface Date 7-25-75					
			10 Pumping level below land surfaces: 40 ft. after _____ hrs. pumping 1400 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: 12 <input type="checkbox"/> Pitless adapter <input 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 0 ft. to 10 ft.					
			14 Nearest source of possible contamination: Observed ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.p.m. 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					
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope Flat <input 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. Henkle Drilling & Supply 145 Business name License No. _____ Address Box 639 Garden City, KS Signed G.W. Henkle Date 7/8/75 Authorized representative					

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

Form WWC-5

