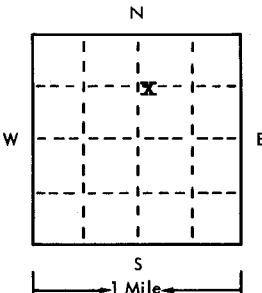


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

WATER WELL RECORD  
KSA 820-1201-1215

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

1 Location of well:	County <b>Kearny</b>	Township name	Fraction <b>N 1/2</b>	Section number <b>29</b>	Town number <b>24 S</b>	Range number <b>35W</b>																														
Distance and direction from nearest town or city: <b>1 mi South Lakin</b> <b>3 mi East; 2 mi North; 1/2 mi east</b>				3 Owner of well: <b>Glen Jenks</b> Address: <b>Lakin Ks. 67860</b>																																
Locate with "X" in section below: 				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Clay, sand</td> <td>15</td> <td>20</td> </tr> <tr> <td>Sand</td> <td>20</td> <td>40</td> </tr> <tr> <td>Sand, clay</td> <td>8</td> <td>60</td> </tr> <tr> <td>Clay, sand</td> <td>16</td> <td>80</td> </tr> <tr> <td>Sand, few clay streaks</td> <td>18</td> <td>100</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	Clay, sand	15	20	Sand	20	40	Sand, clay	8	60	Clay, sand	16	80	Sand, few clay streaks	18	100													4 Well depth: <b>96'</b> ft. Date of completion <b>4-30-75</b> Well diameter <b>26n.</b>		
				2 Type and color of material	From	To																														
				Clay, sand	15	20																														
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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 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"/> _____																																				
7 Casing: Material <b>Steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. _____ Weight <b>4.79</b> lbs./ft. <b>16n.</b> to <b>96</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!																																				
8 Screen: <b>W. A. Brown Enterprises</b> Manufacturer <b>Free-flo</b> Type <b>Free Flo</b> Dia. <b>16"</b> Sieve/gauze <b>1/8</b> Length <b>2"</b> Set between <b>14</b> ft. and <b>96</b> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>2x5/8</b>																																				
9 Static water level: <b>18</b> ft. below land surface Date <b>4-30-75</b>																																				
10 Pumping level below land surfaces: <b>40</b> ft. after _____ hrs. pumping <b>1800</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>3000</b> g.p.m.																																				
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 checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>1</b> ft. to <b>10</b> .																																				
14 Nearest source of possible contamination: <b>NA</b> ft. _____ Direction _____ Type <b>NA</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Used his own pump</b> 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 <input checked="" type="checkbox"/> Upland <b>Level</b> <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. <b>/High Plains Drilling &amp; Supply, Inc 136</b> Business name _____ License No. _____ Address <b>102 N 3rd, Garden City, Ks</b> Signed _____ Date _____ Authorized representative																																				

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

Form WWC-5