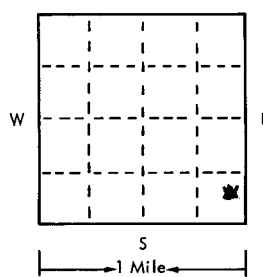


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Neosho	Township name Lakin	Fraction NW 1/4 SE 1/4	Section number 33	Town number 245	Range number 36 W.					
Distance and direction from nearest town or city: 2 mile south to 1/4 West + 1/4 North of Lakin, KS. Street address of well location if in city:				3 Owner of well: Lawrence Hubbard Address: Lakin, KS							
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 55' ft. Date of completion 4-25-75 Well diameter 9 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			
				Surface.		0		10'		6 Use: <input 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	
				sand medium-coarse		10		55'		7 Casing: Material Styrene height: <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. Weight 320 lbs./ft. + 12 in. to 55 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth	
										8 Screen: Manufacturer Sunflower Type Styrene Dia. 5" <input checked="" type="checkbox"/> Cloth gauze <input type="checkbox"/> Length 20 Set between 35 ft. and 55 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1	
										9 Static water level: 18 ft. below land surface Date 4-25-75	
										10 Pumping level below land surfaces: NA 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: 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 type="checkbox"/> Bentonite Depth: From 1 ft. to 10 ft.	
						14 Nearest source of possible contamination: ft. 600 Direction North Type River Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 Windmill			
										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. Jim Smith Pump Serv. 160 A. Business name License No. Address Johanson, KS. Signed Jim Smith Date 6-5-75 Authorized representative	

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

Form WWC-5

Domestic Slope well? - 10/10