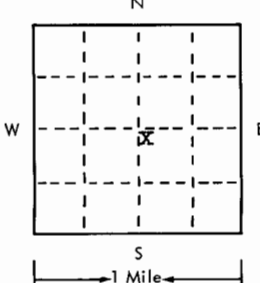


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Leary</u> #####	Township name	Fraction <u>NW 1/4 SE 1/4</u>	Section number <u>13</u>	Town number <u>24</u>	Range number <u>37</u>		
Distance and direction from nearest town or city: <u>3 west, 1 1/2 north of Lakin, Ks. 67860</u> Street address of well location if in city:				3 Owner of well: <u>Harold Green, Lakin, Ks. 67860</u> Address:				
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:		4 Well depth: <u>260</u> ft. Date of completion <u>7-7-75</u> Well diameter <u>7 3/4</u> 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			
			Clay, sand		0	20	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 <input checked="" type="checkbox"/> Stock	
			Sand		20	140	7 Casing: Material <u>Plastic</u> Weight: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. Weight <u>250</u> lbs./ft. <u>0</u> in. to <u>260</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth	
			Sandy clay		140	180	8 Screen: Manufacturer <u>Jess-Lowell</u> Type <u>Plastic</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>1 1/2</u> Set between <u>240</u> ft. and <u>260</u> ft. Fittings: <u>1/8-5/8</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>	
			Sand, gravel		180	200	9 Static water level: <u>110</u> ft. below land surface Date <u>7-7-75</u>	
			Fine sand		200	260	10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
			(use a second sheet if needed)				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
16 Remarks: elevation					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland Level <input type="checkbox"/> Valley					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"/> <u> </u> Depth: From <u>0</u> ft. to <u>3</u> ft.			
					14 Nearest source of possible contamination: <u>NA</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
					15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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			
					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. <u>High Plains Drilling & Supply, Inc. 136</u> Business name License No. <u> </u> Address <u>402 N 3rd, Garden City, Ks</u> Signature <u>Blayne E. Blackwell</u> Date <u>8-8-75</u> SBO Representative			

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

Form WWC-5