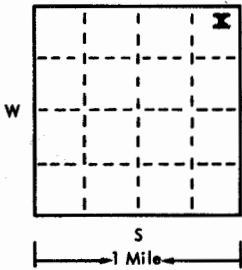


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-T201-T215

2530W26N30E
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 Logan	Fraction NW$\frac{1}{4}$	Section number #26	Town number T #25 S	Range number R #30 E W
Distance and direction from nearest town or city: 2 miles south and 2 west of Charleston Street address of well location if in city:				3 Owner of well: Dale Wartman Address: Ingalls, Kansas 67853		
Locate with "X" in section below: N  Sketch map: NW$\frac{1}{4}$ of NE$\frac{1}{4}$ of the NE$\frac{1}{4}$ of Section #26 T #25W and R #30S				4 Well depth: 120 ft. Date of completion 8-12-75 Well diameter 8 in.		
2 Type and color of material				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		
				7 Casing: Material RMP Height: above 15 ft. below 15 ft. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 15 in. Diam. 8 in. Weight 120 lbs./ft. 8 in. to 120 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Sunflower Manufacturer RMP Type RMP Dia. 5" Slot/gauze 1/8" Length 20ft. Set between 115 ft. and 25 ft. Fittings: 1" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1"		
				9 Static water level: 20 ft. below land surface Date 8-12-75		
				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: None <input type="checkbox"/> Pitless adapter <input 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 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: ft. middle of the Direction the Type Corrals Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: Windmill <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		
16 Remarks: elevation used for stock well only Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <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. JOE'S WELL SERVICE 179 Business name _____ License No. _____ Address Box 174 Cimarron, Ks. Signed Joe's Well Service Date 8-27-75 Authorized representative		

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

Form WWC-5