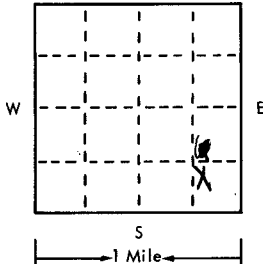


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Mont</i>	Township name	Fraction <i>NW/SE/SE</i>	Section number <i>29</i>	Town number <i>26</i>	Range number <i>12</i>		
Distance and direction from nearest town or city: <i>1 North, 56 of Juba, Ks</i> Street address of well location if in city:				3 Owner of well: <i>D.R. Hank Drilling</i> Address: <i>301 South Bldg Wichita, Ks.</i>				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:				
2 Type and color of material				From	To			
				<i>Hard Top Soil</i>		<i>0</i>	<i>5</i>	
				<i>clay</i>		<i>5</i>	<i>28</i>	
				<i>Sandy clay</i>		<i>28</i>	<i>40</i>	
				<i>Sand</i>		<i>40</i>	<i>52</i>	
				<i>clay</i>		<i>52</i>	<i>60</i>	
				<i>Sand</i>		<i>60</i>	<i>72</i>	
				<i>clay</i>		<i>72</i>	<i>90</i>	
				<i>Sand + gravel</i>		<i>90</i>	<i>120</i>	
				<i>clay</i>		<i>120</i>		
				4 Well depth: <i>120</i> ft. Date of completion <i>7-15-75</i> Well diameter <i>7 7/8</i> in.				
				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 checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well				
				7 Casing: Material <i>plc</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>14</i> in. Diam. Weight <i>160</i> lbs./ft. <i>4</i> in. to <i>120</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth				
				8 Screen: Manufacturer <i>R+B</i> Type <i>plc</i> Dia. <i>4</i> Slot gauge <i>1/16</i> Length <i>20</i> Set between <i>100</i> ft. and <i>120</i> ft. Fittings: <i>3/4 3/8 1/2</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>20-30</i>				
				9 Static water level: <i>39</i> ft. below land surface Date <i>7-15-75</i>				
				10 Pumping level below land surfaces: <i>14</i> ___ 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: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade				
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From ___ ft. to ___ ft.				
				14 Nearest source of possible contamination: ft. <i>175</i> Direction <i>North</i> Type <i>Well</i> 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.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 Topography: <input type="checkbox"/> Hill <input 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. <i>Reservoir - Bemis 134</i> Business name License No. Address <i>Great Bend, Kas</i> Signed <i>India Rodam</i> Date <i>7/21/75</i> Authorized representative				

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

Form WWC-5