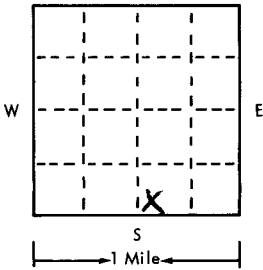


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

26 13 W 14 S W SE  
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 <b>Pratt</b>	Township name	Fraction <b>SE 1/4</b>	Section number <b>14</b>	Town number <b>T26E</b>	Range number <b>R 13W</b>
Distance and direction from nearest town or city: <b>4 mi. NE of Iuka</b>			3 Owner of well: <b>Mr. Faye Keller Iuka, Kansas</b>			
Street address of well location if in city: <b>Iuka</b>			Address: <b>Iuka, Kansas</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>76</b> ft. Date of completion: <b>10/8/75</b> Well diameter <b>8</b> 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 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 <b>P1</b> Height: above <del>land</del> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>PVC</b> Weight _____ lbs./ft. <b>5</b> in. to <b>55</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth
2 Type and color of material			From	To	8 Screen: <b>PVC</b> Manufacturer <b>Cearlainteed</b> Type <b>Plastic</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>20'</b> Set between <b>55</b> ft. and <b>75</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8x3/8</b>	
Very sandy top soil			0	2	9 Static water level: <b>32</b> ft. below land surface Date <b>10/8/75</b>	
Fine to coarse sand			2	10	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.	
Brown clay			10	40	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Brown clay with sand lenses			40	52	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
Med. to coarse sand to med. gravel			52	75	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>2</b> ft. to <b>12</b> ft.	
Brown clay			75	77	14 Nearest source of possible contamination: <b>septic tank</b> ft. <b>100+</b> Direction <b>East</b> Type <b>Tank</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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	
(use a second sheet if needed)						
16 Remarks: elevation			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>Layne Western Co.</b> <b>102</b> Business name License No. Address <b>Wichita, Kansas</b> Signed _____ Date <b>10/10/75</b>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

26 13 W 14 S W SE

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

Form WWC-5