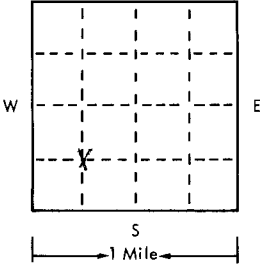


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Edwards	Township name	Fraction C/SW$\frac{1}{4}$	Section number 15	Town number 26	Range number 18
Distance and direction from nearest town or city: 2$\frac{1}{2}$ South 3/4 West of Centerview Street address of well location if in city:				3 Owner of well: Carl Simpson Address: Lewis, Kansas		
Locote with "X" in section below: N  Sketch map:				4 Well depth: 152 ft. Date of completion 1-21-75 Well diameter 7$\frac{7}{8}$		
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 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 checked="" type="checkbox"/> Test well		
From To				7 Casing: Material pvc Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 14 in. Diam. Weight 160 lbs./ft. 4 in. to 130 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth		
				8 Screen: Manufacturer R. & B Type pvc Dia. 4" Slot/gauze 1/16 Length 20' Set between 130 ft. and 150 ft. Fittings: 3/4-3/8-1/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material cm-3		
Sandy top soil 0 2				9 Static water level: 23 ft. below land surface Date 1-21-75		
				10 Pumping level below land surfaces: N. A. ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.		
Brown clay 2 13				11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 1-23-75		
				12 Well head completion: <input type="checkbox"/> Pitless adapter 1$\frac{1}{2}$ inches above grade		
Sand & gravel clean, coarse, loose 13 27				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. 1200 Direction NW Type corral Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Yellow brownclay 27 29				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. 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 checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Sand & gravel clean, coarse, loose 29 36				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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Ks. Signed Fredia Dodson Date 1-23-75 Authorized representative		
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Brown clay 36 38						
Sand & gravel clean, coarse, loose 38 67						
Brown & white clay 67 87						
Fine sand & white clay 87 90						
Sand & gravel clean medium loose 90 108						
Brown clay 108 111						
Sand & gravel clean, medium loose 111 127						
Redish brown clay 127 130						
Sand & gravel clean, coarse, loose 130 148						
Yellow brown & gray clay 148 152						
(use o second sheet if needed)						

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

Form WWC-5