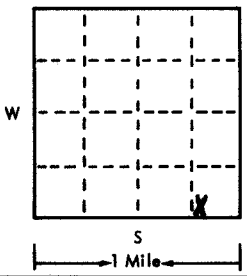


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

2627 W 11 W 9 E  
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 <b>Gray</b>	Township name <b>Cimarron</b>	Fraction <b>SE<math>\frac{1}{4}</math></b>	Section number <b>#11</b>	Town number <b>T #26</b>	Range number <b>R #27</b>
Distance and direction from nearest town or city: <b>6 miles on highway 50 of Cimarron (east)</b> Street address of well location if in city:			3 Owner of well: <b>Gerald Longton</b> Route #2 Address: <b>Dodge City, Kansas 67801</b>			
Locate with "X" in section below: N  W S 1 Mile		Sketch map: <b>SW<math>\frac{1}{4}</math> of the SE<math>\frac{1}{4}</math> of the SE<math>\frac{1}{4}</math> of Section #11 T#26 R#27</b>		4 Well depth: <b>105</b> ft. Date of completion <b>7-14-75</b> Well diameter <b>8</b> 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		
				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 <input type="checkbox"/>		
				7 Casing: Material <b>RMP</b> Height: above <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>105</b> ft. depth Weight <b>105</b> lbs./ft. <b>5</b> in. to <b>105</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: Manufacturer <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>20 ft.</b> Set between <b>80</b> ft. and <b>100</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1"</b>		
				9 Static water level: <b>36</b> ft. below land surface Date <b>7-14-75</b>		
				10 Pumping level below land surfaces: <b>40</b> ft. after <b>14</b> hrs. pumping <b>50</b> g.p.m. <b>40</b> ft. after <b>14</b> hrs. pumping <b>50</b> g.p.m. Estimated maximum yield <b>60</b> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>7-14-75</b>		
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> 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 <b>1</b> ft. to <b>15</b> ft.		
				14 Nearest source of possible contamination: <b>Sewer</b> ft. <b>125</b> Direction <b>SW</b> Type <b>System</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		
16 Remarks: elevation  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. <b>JOE'S WELL SERVICE</b> <b>179</b> Business name _____ License No. _____ Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Joe Catch</b> Date <b>9-4-75</b> Authorized representative		

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

Form WWC-5