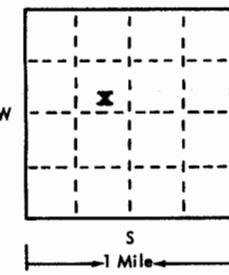


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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<sup>1</sup>/<sub>4</sub> of NW<sup>1</sup>/<sub>4</sub></b>	Section number <b>S-16</b>	Town number <b>T-26-S</b>	Range number <b>R-27-W</b>
Distance and direction from nearest town or city: <b>1 mi. south and 4 mi. east of Cimarron</b>			3 Owner of well: <b>John Jillie Cimarron, Kansas</b>			
Street address of well location if in city:			Address:			
Locate with "X" in section below:  			Sketch map:			
4 Well depth: <b>125'</b> ft. Date of completion <b>8-7-75</b> Well diameter <b>28"</b> in.						
5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary						
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well						
7 Casing: Material <b>Metal</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12"</b> in. Dia. <b>16</b> Weight <b>30</b> lbs./ft. <b>16</b> in. to <b>175</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>16</b> in. to <b>175</b> ft. depth						
8 Screen: Manufacturer <b>Wa Brown-Free flo</b> Type <b>Free-flo</b> Dia. <b>16"</b> Slot/gauge <b>176</b> Length <b>2"</b> Set between <b>20</b> ft. and <b>40</b> ft. <b>105-175</b> Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>CMA 3/8</b>						
9 Static water level: <b>20'</b> ft. below land surface Date <b>8-7-75</b>						
10 Pumping level below land surfaces: <b>45</b> ft. after <b>2</b> hrs. pumping <b>800</b> g.p.m. <b>50</b> ft. after <b>2</b> hrs. pumping <b>1050</b> g.p.m. Estimated maximum yield <b>1500</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.						
14 Nearest source of possible contamination: <b>NA</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds</b> Model number <b>12JLC</b> HP <b>80</b> Volts _____ Length of drop pipe <b>100</b> ft. capacity <b>800</b> g.m.p. Type: <input type="checkbox"/> Submersible <input checked="" 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 checked="" 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>Joe M. International Inc.</i> Business name <b>Joe M. International Inc.</b> License No. <b>190</b> Address <b>Box 1442 Dodge City, Kansas</b> Signed <b>Joe M. International Inc.</b> Date <b>7-14-75</b> Authorized representative						