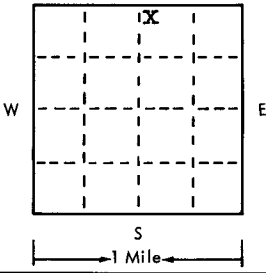


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Finney	Township name Ivanhoe	Fraction NW$\frac{1}{4}$ NE$\frac{1}{4}$	Section number 9	Town number 26	Range number 32
Distance and direction from nearest town or city: To Plymell School 10mi S of Garden City Street address of well location if in city: 2$\frac{1}{2}$ mi East				3 Owner of well: Raymond Withers Address: Box 108 Copeland, Kansas 67837		
Locate with "X" in section below: 				Sketch map: 4 Well depth: 240 ft. Date of completion 7-18-75 Well diameter 7 3/4 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 <input type="checkbox"/> _____ 7 Casing: Material Plastic Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 5 " Weight 320 lbs./ft. 0 in. to 339 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: Manufacturer Jess & Howell- Type Plastic Dia. 5 " Slot/gauze 1/8 Length 15 Set between 280 ft. and 300 ft. Fittings: 320 340 1 1/2 x 5/8 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
Fine sand				0	40	9 Static water level: 100 ft. below land surface Date 7-18-75
Clay				40	60	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 40 g.p.m.
Fine sand				60	80	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Clay				80	120	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
Sand				120	180	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.
Blue clay				180	260	14 Nearest source of possible contamination: NA ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sand, gravel				260	340	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
Fine sand, clay streaks				340	420	16 Remarks: elevation
To be - Grouted and disinfected by Pump installer						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. High Plains Drilling Supply, Inc 136 Business name _____ License No. _____ Address 102 N 3rd, Garden City Signed Bladys G. Gorman Date 7-31-75 Secretary _____
(use a second sheet if needed)						

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

Form WWC-5