

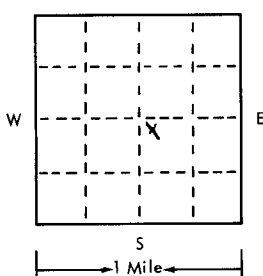
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

NW 1/4 NW 1/4

1 Location of well:	County <i>kiowa</i>	Township name <i>Lincoln</i>	Fraction <i>NW 1/4 NE</i>	Section number <i>27¹²</i>	Town number <i>275</i>	Range number <i>16W</i>		
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Address:				
Locate with "X" in section below: N 				Sketch map:				
2 Type and color of material				From	To			
				<i>Top Soil</i>		<i>0</i>	<i>3</i>	
				<i>Sand</i>		<i>3</i>	<i>7</i>	
				<i>Black Hard pan</i>		<i>7</i>	<i>19</i>	
				<i>Sand</i>		<i>19</i>	<i>38</i>	
				<i>Clay (Lt. BR.)</i>		<i>38</i>	<i>39</i>	
				<i>Gravel</i>		<i>39</i>	<i>80</i>	
4 Well depth: <i>80</i> ft. Date of completion: <i>7-18-75</i>				Well diameter: <i>8 3/8</i> 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 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 checked="" type="checkbox"/> <i>PASTURE</i>								
7 Casing: Material <i>RMP</i> Height: above/below				Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>24</i> in.				
Dia. <i>5</i> in. to <i>80</i> ft. depth				Weight <i>209</i> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
8 Screen: Manufacturer: <i>Jess & Lowell</i>				Type: <i>RMP</i> Dia. <i>5</i> in.				
Slot/gauge: _____ Length: <i>20</i> ft.				Set between <i>60</i> ft. and <i>80</i> ft.				
Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Size range of material: _____				
9 Static water level: <i>19</i> ft. below land surface				Date: <i>7-10-75</i>				
10 Pumping level below land surfaces: <i>19</i> ft. after _____ hrs. pumping _____ g.p.m.				_____ ft. after _____ hrs. pumping _____ g.p.m.				
Estimated maximum yield _____ 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 <i>28</i> 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 <i>0</i> ft. to <i>10</i> ft.								
14 Nearest source of possible contamination: _____ ft. _____ Direction: <i>PASTURE</i> Type: _____				Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
15 Pump: <input type="checkbox"/> Not installed				Manufacturer's name: <i>WINDMILL</i>				
Model number: <i>2 1/2 HP</i>				Volts: _____				
Length of drop pipe: <i>72</i> ft. Capacity: _____ g.p.m.				Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine				
<input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				
16 Remarks: elevation				17 Water well contractor's certification:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
				Business name: <i>Carl Hayes Well Serv</i> License No. _____				
				Address: <i>6035 Maple</i>				
				Signed: <i>Carl Hayes</i> Date: <i>8-29-75</i>				
				Authorized representative				

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

Form WWC-5