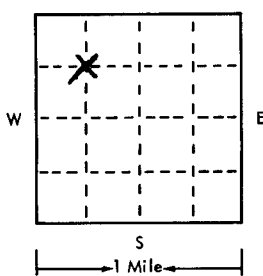


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kiowa</b>	Township name <b>NW</b>	Fraction <b>1/4</b>	Section number <b>32</b>	Town number <b>T-27-S</b>	Range number <b>R-16-W</b>	
Distance and direction from nearest town or city: <b>2 3/4 mi N. of Haviland</b>			3 Owner of well: <b>Warren Fankhauser</b> Address: <b>Haviland, Kansas</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>145</b> ft. Date of completion: <b>3/10/75</b> Well diameter <b>30</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 <input type="checkbox"/>				
			7 Casing: Material <b>Stl</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>85</b> ft. depth Weight <b>31.75</b> lbs./ft. 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 <b>Doerr</b> Type <b>Stl.</b> Dia. <b>16"</b> Slot/gauze <b>1/8</b> Length <b>60'</b> Set between <b>85</b> ft. and <b>145</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/16 x 3/8</b>		
<b>Sandy top soil</b>		<b>0</b>	<b>1</b>		9 Static water level: <b>45.5</b> ft. below land surface Date <b>3/7/75</b>		
<b>Fine to coarse sand</b>		<b>1</b>	<b>7</b>		10 Pumping level below land surfaces: <b>54.8</b> ft. after <b>4</b> hrs. pumping <b>1002</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1500</b> g.p.m.		
<b>Clay</b>		<b>7</b>	<b>54</b>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<b>Fine to coarse sand &amp; gravel</b>		<b>54</b>	<b>72</b>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <b>18</b>		
<b>Clay</b>		<b>72</b>	<b>75</b>		13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>clay</b> Depth: From <b>2</b> ft. to <b>10</b> ft.		
<b>Med. to coarse sand &amp; gravel with some coarse gravel</b>		<b>75</b>	<b>144</b>		14 Nearest source of possible contamination: <b>1 Mile Farm</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>Layne</b> Model number <b>75107K</b> HP <b>100</b> Volts _____ Length of drop pipe <b>80</b> ft. capacity <b>1000</b> g.p.m. 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						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>Layne Western Co.</b> License No. <b>102</b> Business name _____ License No. _____ Address <b>1011 W. Harry, Wichita</b> Signed <b>[Signature]</b> Date <b>3/18/75</b>	

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

Form WWC-5