

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

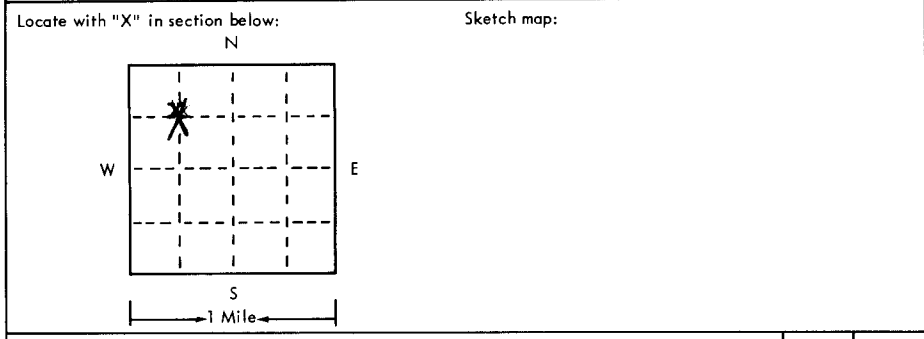
WATER WELL RECORD
KSA 82a-1201-1215

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 Kiowa	Township name	Fraction C/NW 1/4	Section number 15	Town number T27S	Range number R19W
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Distance and direction from nearest town or city: Street address of well location if in city: 6 miles north of Joy, Ks.	3 Owner of well: Address: Gerald Davis Mullinville, Ks.
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2	Type and color of material	From	To
	Sandy top soil	0	4
	Fine sand & sandy brown clay	4	16
	Sand & gravel clean, coarse, loose	16	35
	Brown & white clay	35	41
	Sand & gravel clean, coarse, loose	41	50 1/2
	Green & gray clay	50 1/2	51
	Sand & gravel loose, coarse some clay ball	51	55
	Sand & gravel clean, coarse, loose	55	61
	Brown & white clay	61	75
	Redish brown clay	75	89
	Sand & gravel loose, clean, medium	89	110
	Brown & white clay	110	118
	Sandy yellow brown clay little sand	118	121
	Sand & gravel little clay	121	128
	Brown clay	128	134
	continued (use a second sheet if needed)		

4 Well depth: 181 ft. Date of completion 2-1-75
Well diameter 7 7/8.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well _____

7 Casing: Material pvc Height: above/below
Threaded Welded Surface 16 in.
Diam. _____ Weight 160 lbs./ft. 20
4 in. to 140 depth! Drive shoe? Yes No
____ in. to ____ ft. depth!

8 Screen:
Manufacturer R & B
Type pvc Dia. 4
Slot/gouze 1/16 Length 20
Set between 140 ft. and 160 ft.
Fittings: _____
Gravel pack Yes No Size range of material 20-30

9 Static water level:
40 ft. below land surface Date 2-1-75

10 Pumping level below land surfaces: NA
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

11 Water sample submitted:
 Yes No Date 2-3-75

12 Well head completion:
 Pitless adapter 16 inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. _____ Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

**this hole is in middle of pasture
no house or correl for 1 mile-approx.**

Topography:
 Hill
 Slope
 Upland
 Valley

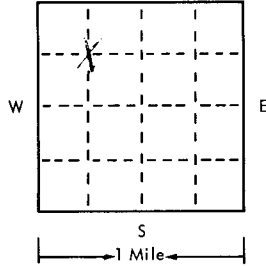
17 Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Rosencrantz-Bemis 134
Business name License No.
Address Great Bend, Ks.
Signed Fredia Dodson Date 2-3-75
Authorized representative

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1 Location of well:	County Kiowa	Township name	Fraction C/NW$\frac{1}{4}$	Section number 15	Town number T27S	Range number R19W		
Distance and direction from nearest town or city: 6 miles north of Joy, Ks. Street address of well location if in city:				3. Owner of well: Gerald Davis Address: Mullinville, Ks.				
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in.		
2 Type and color of material				From	To	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 type="checkbox"/> Reverse rotary		
				Hard white rock		134	134$\frac{1}{2}$	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 type="checkbox"/> _____
				Sand & gravel clean, loose		134$\frac{1}{2}$	140	7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
				Hard white rock		140	141	8 Screen: Manufacturer _____ Type _____ Dio. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
				Brown clay w/ sand		141	145	9 Static water level: _____ ft. below land surface Date _____
				Sand & gravel medium loose, clean		145	159	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
				Brownclay		159	170	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
				Sandy blue gray & brown clay		170	176	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
				Blue gray shale		176	181	13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neot cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
				(use a second sheet if needed)				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
15 Pump: <input 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 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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative				

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

Form WWC-5