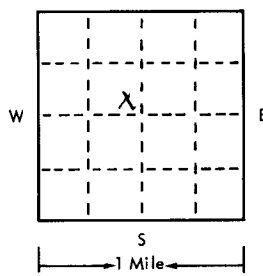


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County Kiowa	Township name	Fraction SE/Se/NW¹/₄	Section number 33	Town number 27	Range number 19																														
Distance and direction from nearest town or city: 5 miles north of Joy, Ks. Street address of well location if in city:				3 Owner of well: Dwain Davis Address: Rt. 1- Mullinville, Ks.																																
Locate with "X" in section below: N  W X E S 1 Mile				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td>Sandy top soil</td><td>0</td><td>3</td></tr> <tr><td>Gray clay</td><td>3</td><td>7</td></tr> <tr><td>Brown clay</td><td>7</td><td>16</td></tr> <tr><td>Sand & gravel with clay mixed</td><td>16</td><td>33</td></tr> <tr><td>Yellow redish brownclay</td><td>33</td><td>44</td></tr> <tr><td>Sand & gravel some clay</td><td>44</td><td>55</td></tr> <tr><td>Sand & gravel clean, coarse, loose.</td><td>55</td><td>80</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				2 Type and color of material	From	To	Sandy top soil	0	3	Gray clay	3	7	Brown clay	7	16	Sand & gravel with clay mixed	16	33	Yellow redish brownclay	33	44	Sand & gravel some clay	44	55	Sand & gravel clean, coarse, loose.	55	80							4 Well depth: 80' ft. Date of completion 1-29-75 Well diameter 7-7/8		
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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 type="checkbox"/> pasture well																																				
7 Casing: Material PVC Height: <u>above</u> / <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. Diam. 4 in. to 60 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to 60 ft. depth! Weight 160 lbs./ft.																																				
8 Screen: Manufacturer R. & B Type PVC Dia. 4 <u>slot</u> gauze 1/16 Length 20' Set between 60 ft. and 80 ft. Fittings: 3/4-3/8-1/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ch-3																																				
9 Static water level: 60 ft. below land surface Date 1-29-75																																				
10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping N.A. 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 18 inches above grade																																				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.																																				
14 Nearest source of possible contamination: ft. ____ Direction center of pasture type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
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																																				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley (use a second sheet if needed)																																				
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 1-31-75 Authorized representative																																				

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

Form WWC-5