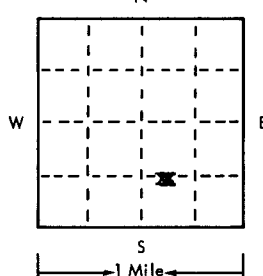


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Martin N	Fraction CW$\frac{1}{2}$ of SE$\frac{1}{4}$	Section number 31	Town number T27S	Range number R20W																																	
Distance and direction from nearest town or city: 3 mi. North & 4 mi. West of Mullinville, Street address of well location if in city: Kansas				3 Owner of well: Don Broomfield Augusta, Kansas Address:																																			
Locate with "X" in section below: N 				Sketch map:																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>Sand & sandy clay</td> <td>0</td> <td>17</td> </tr> <tr> <td>Sand, gravel & clay streaks</td> <td>17</td> <td>27</td> </tr> <tr> <td>Sand & gravel</td> <td>27</td> <td>67</td> </tr> <tr> <td>Brown clay</td> <td>67</td> <td>69</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>				2 Type and color of material	From	To	Sand & sandy clay	0	17	Sand, gravel & clay streaks	17	27	Sand & gravel	27	67	Brown clay	67	69																(use a second sheet if needed)			4 Well depth: 69 ft. Date of completion 7-28-75 Well diameter 24 in.		
				2 Type and color of material	From	To																																	
				Sand & sandy clay	0	17																																	
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(use a second sheet if needed)																																							
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																																							
7 Casing: Material Steel Height: above / below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight 30.3 lbs./ft. 16 in. to 47 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16 in. to 69 ft. depth																																							
8 Screen: Manufacturer Johnson Division Type 125 Irr. Dia. 16" Slot/gauze 1/8 Length 20' Set between 47 ft. and 67 ft. Fittings: _____ 3/8- Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ 200																																							
9 Static water level: 40 ft. below land surface Date 7-28-75																																							
10 Pumping level below land surfaces: N/C _____ 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 12 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 0 ft. to 10 ft.																																							
14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NONE KNOWN																																							
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 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. Clarke Well & Eq., Inc. 185 Business name _____ License No. _____ Address Great Bend, KS Signed _____ Date 7-28-75 Authorized representative																																							