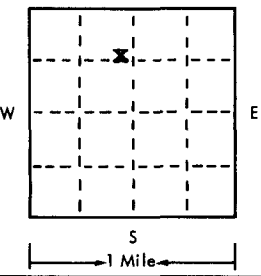


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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	Fraction NE of NW¹/₄	Section number 31	Town number T27S	Range number R20W
Distance and direction from nearest town or city: 8¹/₂ mi. Northwest of Mullenville, KS Street address of well location if in city:				3 Owner of well: Don Broomfield Address: Augusta, Kansas		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 127 ft. Date of completion 8-25-75 Well diameter 24 in.		
2 Type and color of material				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		
Top soil & sand				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 107 ft. depth		
				8 Screen: Johnson Div.--47-67 Manufacturer W. A. Brown--107-127 Type 15 & Db1-slot Dia. 16" Slot gauge 1/8 Length 40' Set between ABOVE and _____ ft. Fittings: _____ 3/8- 200 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
Brown clay				9 Static water level: N/C _____ ft. below land surface Date _____		
				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.		
Sand, gravel & clay streaks				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		
Brown & white white clay & limestone				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: NONE KNOWN ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Conglomerate				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		
Dakota clay				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 EM Clarke Date 8-25-75 Authorized representative		
				(use a second sheet if needed)		