

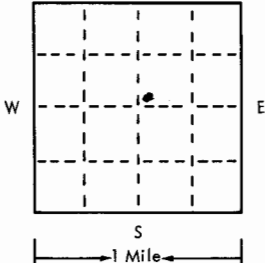
USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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

SW SW NE DR

1 Location of well:	County <b>FORD</b>	Township name <b>FORD</b>	Fraction <b>NE 1/4</b>	Section number <b>29</b>	Town number <b>27</b>	Range number <b>23</b>
Distance and direction from nearest town or city: <b>2 M East 2 M. SOUTH 1 1/2 M East</b>			3 Owner of well: <b>MIKE DOWNEY-CATTLE</b> Address: <b>CO. 1/2 M SOUTH</b>			
Locate with "X" in section below: N  W S 1 Mile			Sketch map:			4 Well depth: <b>161</b> ft. Date of completion _____ Well diameter <b>29</b> 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 checked="" type="checkbox"/> Reverse rotary	
<b>SURFACE</b>			<b>0</b>	<b>2</b>	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"/>	
<b>CLAY</b>			<b>2</b>	<b>39</b>	7 Casing: Material <b>STEEL</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <b>16</b> in. to <b>14</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
<b>SAND &amp; GRAVEL</b>			<b>39</b>	<b>73</b>	8 Screen: Manufacturer <b>WABROWN</b> Type <b>BRIDGE</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>120 ft.</b> Set between <b>4</b> ft. and <b>14</b> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2 DOWN</b>	
<b>CLAY &amp; CALICHE</b>			<b>73</b>	<b>89</b>	9 Static water level: _____ ft. below land surface Date _____	
<b>CLAY &amp; FINE SAND LAYERS</b>			<b>89</b>	<b>91</b>	10 Pumping level below land surfaces: <b>140</b> ft. after <b>1</b> hrs. pumping <b>1400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>1400</b> g.p.m.	
<b>MED SAND &amp; SMALL GRAVEL</b>			<b>91</b>	<b>119</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<b>SAND &amp; GRAVEL</b>			<b>119</b>	<b>149</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 10 Inches above grade	
<b>HARD LAYER CLAY</b>			<b>149</b>	<b>151</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> CEMENT Depth: From <b>0</b> ft. to <b>10</b> ft.	
<b>CLAY</b>			<b>151</b>	<b>155</b>	14 Nearest source of possible contamination: ft. <b>2500</b> Direction <b>NE</b> Type <b>FEE</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>GREY SHALE</b>			<b>155</b>	<b>165</b>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>WLR</b> Model number _____ HP <b>150</b> Volts <b>440</b> Length of drop pipe <b>156</b> ft. capacity <b>1300</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	
(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. <b>JO JOHNSON DRILLING</b> <b>183</b> Business name License No. Address <b>20 JOHNSON</b> Signed <b>JOJOHNSON</b> Date <b>10-31</b> Authorized representative	
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5