

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

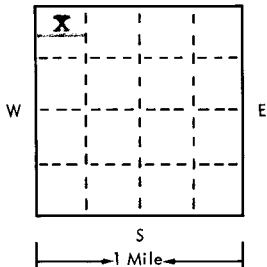
WATER WELL RECORD  
KSA 82a-1201-1215

27 23 W 36 NW NW

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

BB

1 Location of well:	County <b>Ford</b>	Township name <b>Ford</b>	Fraction <b>Center N 1/2 NW NW</b>	Section number <b>36</b>	Town number <b>27</b>	Range number <b>23W</b>		
Distance and direction from nearest town or city: <b>4 miles Northwest of Ford, Kansas</b>				3 Owner of well: <b>Max Williams</b> Address: <b>RR. # 1 Ford, Kansas</b>				
Locate with "X" in section below: N 		Sketch map:		4 Well depth: <b>36</b> ft. Date of completion <b>10-1-75</b> Well diameter <b>5</b> in.				
2 Type and color of material				From	To			
				Surface		0	3	
				Fine Sand		3	7	
				Good Medium Sand and Gravel		7	30	
				Yellow Clay		30	36	
				NOT TO				
				BROCK				
8 Screen: <b>20' screen</b> Manufacturer <b>superior</b> Type <b>15%</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>4"</b> Set between <b>26</b> ft. and <b>36</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8</b>				9 Static water level: <b>20</b> ft. below land surface Date <b>10-1-75</b>				
10 Pumping level below land surfaces: <b>25</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____				
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 <b>0</b> ft. to <b>13</b> ft.				
14 Nearest source of possible contamination: ft. ____ Direction <b>none</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No				15 Pump: <b>Reda</b> <input type="checkbox"/> Not installed Manufacturer's name <b>reda pump co</b> Model number <b>209101</b> HP <b>1/3</b> Volts <b>220</b> Length of drop pipe <b>30</b> ft. capacity ____ g.m.p. Type: <input checked="" 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 checked="" 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. <b>Hodde Drilling Co</b> <b>302</b> Business name License No. Address <b>RR # 1</b> Signed <b>Phillie</b> Date <b>10-3-75</b> Authorized representative				

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

Form WWC-5