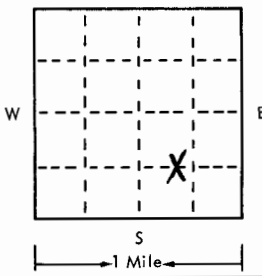


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Gray	Township name	Fraction W$\frac{1}{2}$, SE$\frac{1}{4}$	Section number 13	Town number T 27 S	Range number R 27 W
Distance and direction from nearest town or city: 6$\frac{1}{2}$ S & 6 E of Cimarron Street address of well location if in city:				3 Owner of well: E. V. & David Bryan Address: Cimarron KS		
Locate with "X" in section below:  Sketch map: Well Drilled 8/6/75				4 Well depth: 220 ft. Date of completion 8-6-75 Well diameter: 10$\frac{1}{2}$ in.		
2 Type and color of material See Attachment				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 checked="" 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"/>		
				7 Casing: Material Plastic Height: above /below Threading: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface in. Diam. 5 in. to 220 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth		
				8 Screen: Jet Stream Plastics Manufacturer Jet Stream Plastics Type Slotted Dia. 5" Slot/gauze .040 Length 30' Set between 190 ft. and 220 ft. 1/4 to 1/8" Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material		
				9 Static water level: 130 ft. below land surface. Date 8-6-75		
				10 Pumping level below land surfaces: not pumped 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 checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
				14 Nearest source of possible contamination: septic tank ft. 90 Direction N.E. Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				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 Flat <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. Henkle Drilling & Supply 145 Business name License No. Address Box 639 Garden City, KS Signed A. R. Ranket Date 8-25-75 Authorized representative		

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

Form WWC-5

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EST HOLES*****STOCK WELLS*****IRRIGATION AND INDUSTRIAL WELLS*****