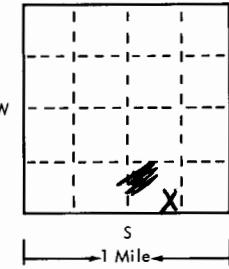


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

2727W/7SESWSE  
T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 6620

1 Location of well:	County <b>Gray</b>	Township name <b>East Hess</b>	Fraction <b>SE<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SE</b>	Section number <b>#17</b>	Town number <b>T #27 S</b>	Range number <b>R #27 W</b>
Distance and direction from nearest town or city: <b>8 miles south and 3 east of Cimarron.</b> Street address of well location if in city:			3 Owner of well: <b>Mrs. Guy Salem</b> Address: <b>Cimarron, Kansas 67835</b>			
Locate with "X" in section below:  Sketch map: <b>SE<sup>1</sup>/<sub>4</sub> of the SW<sup>1</sup>/<sub>4</sub> of the SE<sup>1</sup>/<sub>4</sub> of Section #17 T#27 E R#27S</b>						
2	Type and color of material		From	To	4 Well depth: <b>200</b> ft. Date of completion <b>8-13-75</b> Well diameter <b>8</b> in.	
	<b>Top soil &amp; clay</b>		<b>0</b>	<b>15</b>	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	
	<b>Clay</b>		<b>15</b>	<b>30</b>	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	
	<b>Clay &amp; fine sand</b>		<b>30</b>	<b>45</b>	7 Casing: Material <b>RMP</b> Height: above <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>200</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>ft. depth</b>	
	<b>" " "</b>		<b>45</b>	<b>60</b>	8 Screen: Manufacturer <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauge <b>1/8"</b> Length <b>20 ft.</b> Set between <b>175</b> ft. and <b>195</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1"</b>	
	<b>Fine sand</b>		<b>60</b>	<b>75</b>	9 Static water level: <b>106</b> ft. below land surface Date <b>8-13-75</b>	
	<b>" "</b>		<b>75</b>	<b>90</b>	10 Pumping level below land surfaces: <b>106</b> ft. after <b>2</b> hrs. pumping <b>40</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>70</b> g.p.m.	
	<b>" "</b>		<b>90</b>	<b>105</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
	<b>Fine to medium sand</b>		<b>105</b>	<b>120</b>	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
	<b>Medium sand</b>		<b>120</b>	<b>135</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <b>7</b> ft. to <b>20</b> ft.	
	<b>Medium to coarse sand</b>		<b>135</b>	<b>150</b>	14 Nearest source of possible contamination: <b>in middle of field</b> Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Coarse sand</b>		<b>150</b>	<b>165</b>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Flint &amp; Walling</b> Model number <b>10BA15</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>147</b> ft. capacity <b>179</b> 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	
	<b>" "</b>		<b>165</b>	<b>180</b>	16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	
	<b>Coarse sand &amp; clay</b>		<b>180</b>	<b>195</b>	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>JOE'S WELL SERVICE 179</b> Business name <b>Box 174 Cimarron, Ks.</b> License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Guy Clegg</b> Date <b>8-30-75</b> Authorized representative	
	<b>Clay &amp; blue shale</b>		<b>195</b>	<b>210</b>		
	(use a second sheet if needed)					

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

Form WWC-5