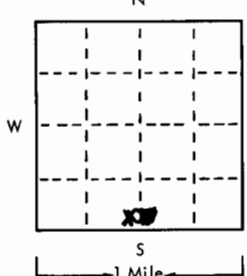


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

27 27 W 24 SE SW  
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	Township name	Fraction	Section number	Town number	Range number
	Gray	East Hess	SE 1/4 SW 1/4	#24	T # 27 S	R # 27 W
Distance and direction from nearest town or city: <b>Ensign.</b> Street address of well location if in city:			3 Owner of well: <b>Max Holsten</b> Address: <b>Ensign, Kansas</b>			
Locate with "X" in section below: 			Sketch map: <b>SE 1/4 of the SW 1/4 of the SW 1/4 of Section #24 T #27 S R #27 W</b>			
2			Type and color of material	From	To	
			Top soil & clay	0	15	
			Clay	15	30	
			Clay & fine sand Dry	30	45	
			Fine sand Dry	45	90	
			" " "	90	105	
			" " "	105	120	
			Fine sand & clay	120	135	
			Clay	135	150	
			Clay & fine sand	150	165	
			Fine sand	165	180	
			Fine to medium sand	180	195	
			Medium sand	195	210	
			Coarse sand	210	247	
			Clay & rock layers	247	270	
			(use a second sheet if needed)			
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			4 Well depth: <u>250</u> ft. Date of completion <u>6-4-75</u> Well diameter <u>8</u> in. 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 <u>RMP</u> Height: above/below <u>12</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>250</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>250</u> ft. depth! 8 Screen: Manufacturer <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>20</u> ft. Set between <u>225</u> ft. and <u>245</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4"</u> 9 Static water level: <u>176</u> ft. below land surface Date <u>6-4-75</u> 10 Pumping level below land surfaces: <u>190</u> ft. after <u>2</u> hrs. pumping <u>30</u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>   </u> g.p.m. 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>   </u> 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> 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 <u>10</u> ft. to <u>20</u> ft. 14 Nearest source of possible contamination: ft. <u>125</u> Direction <u>West</u> Type <u>Sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Flint &amp; Walling</u> Model number <u>15BK12</u> HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>220</u> ft. capacity <u>10</u> 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 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. <u>JOE'S WELL SERVICE</u> <u>179</u> Business name <u>Box 174 Cimarron, Ks.</u> License No. <u>   </u> Address <u>   </u> Signed <u>Larry Crick</u> Date <u>8-29-75</u> Authorized representative			

27 27 W 24 SE SW