

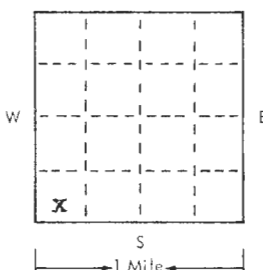
# Drilled for Cimarron Irrigation

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Haskel</b>	Township name <b>Lockport</b>	Fraction <b>NW<sup>1</sup>/<sub>4</sub></b>	Section number <b>18</b>	Town number <b>27</b>	Range number <b>31</b>
Distance and direction from nearest town or city: <b>13.2 So. &amp; 3.8 W of Pierceville, Ks</b>				3 Owner of well: <b>Vern Miller</b>		
Street address of well location if in city:				Address: <b>Box 45, Sublette, Kansas</b>		
Locate with "X" in section below: N 		Sketch map:		4 Well depth: <b>361</b> ft. Date of completion <b>2-27-75</b> Well diameter <b>26</b> in.		
2 Type and color of material				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		
				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"/>		
				7 Casing: Material <b>Metal</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. <b>16</b> in. Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>0</b> in. to <b>361</b> ft. depth		
				8 Screen: <b>Free-flow (W. A. Brown)</b> Type <b>10%</b> Dia. <b>16</b> Slot/gauze <b>1/8</b> Length <b>2</b> Set between <b>61</b> ft. and <b>221</b> ft <b>261=361</b> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2</b>		
				9 Static water level: <b>NA</b> _____ ft. below land surface Date _____		
				10 Pumping level below land surfaces: <b>NA</b> _____ 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 type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
				14 Nearest source of possible contamination: <b>NA</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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 <b>Cimarron Irr. will handle testing, grouting and pump</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>Ace-Hi Drilling Co 190A</b> Business name License No. Address: <b>Box 1442, Dodge City, Ks</b> Signed: <b>Vern Miller</b> Date: <b>2-27-75</b> Authorized representative						

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

Form WWC-5