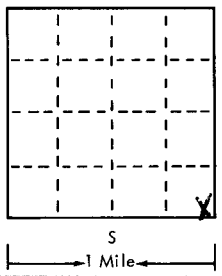


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Kingman</i>	Township name <i>Evans</i>	Fraction <i>SE 1/4 SE 1/4</i>	Section number <i>11</i>	Town number <i>275</i>	Range number <i>5W</i>
Distance and direction from nearest town or city: <i>3/4 mile So. of Cheney Dam Cheney, Kansas</i>				3 Owner of well: <i>John Tenborg</i>			
Street address of well location if in city: <i>Cheney, Kansas</i>				Address: <i>Cheney, Kansas</i>			
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: <i>45</i> ft. Date of completion <i>7-30-75</i> Well diameter <i>11</i> in.			
2 Type and color of material				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"/>			
<i>Top Soil</i>				7 Casing: Material <i>Styrene</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>5</i> in. to <i>45</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
				8 Screen: Manufacturer <i>Sunflower Plastic</i> Type <i>Styrene</i> Dia. <i>5</i> in. Slot/gauze <i>.003</i> Length <i>25'</i> Set between <i>20</i> ft. and <i>45</i> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4-1/8"</i>			
<i>Medium Sand</i>				9 Static water level: <i>20</i> ft. below land surface Date <i>7-30-75</i>			
<i>Shale</i>				10 Pumping level below land surfaces: _____ 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 type="checkbox"/> No Date _____			
				12 Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> inches above grade <i>Capped</i>			
				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 <i>0</i> ft. to <i>11</i> ft.			
				14 Nearest source of possible contamination: <i>NONE</i> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				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 <i>Flat Ground</i> Topography: <i>no apparent source for contamination.</i> <input type="checkbox"/> Hill <input 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. <i>Harp Well Pump 234</i> Business name _____ License No. _____ Address <i>Wichita, Ks 67209</i> Signed <i>M. Arnold</i> Date <i>7-31-75</i> Authorized representative			

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

Form WWC-5