

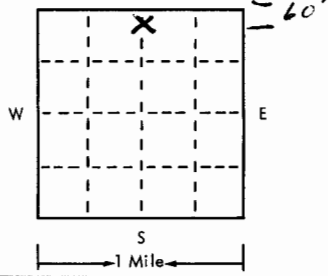
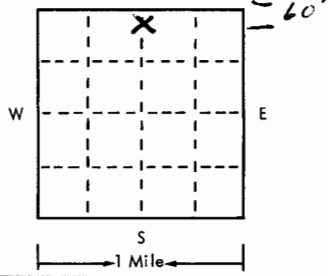
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

CN¹/₂N¹/₂N¹/₂

1 Location of well:	County PRATT	Township name	Fraction NE¹/₄ NW¹/₄	Section number 9	Town number T28	Range number R11W
Distance and direction from nearest town or city:				3 Owner of well: BERNIE AIBERS		
Street address of well location if in city:				Address: R CUNNINGHAM		
Locate with "X" in section below: 				Sketch map: 		
2 Type and color of material				From	To	4 Well depth: 87 ft. Date of completion: 3-4-75 Well diameter: 8 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 PR Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. 2 in. to 87 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!
SOIL				0	3	8 Screen: PER 6055 Manufacturer PER Dia. 4 Type PR Slot gauge 235 Length 6 1/2 Set between 87 ft. and 87 ft. Fittings: 1" screen Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____
SAND				3	51	9 Static water level: 42 ft. below land surface Date 3-4-75
CLAY				51	53	10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m.
RED SAND				53	87	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
						12 Well head completion: 20" <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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 0 ft. to 10 ft.
						14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed WINOMI 110 C-41 Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe 42 ft. capacity 5 g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
16 Remarks: elevation				17 Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. LYMAN BROS 140 Business name _____ License No. _____ Address MEDICINE LODGE Signed W. C. BROS Date 3-10-75 Authorized representative		

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

Form WWC-5