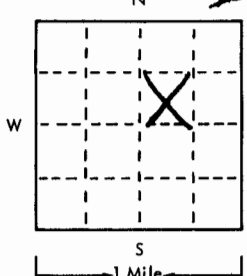


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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

1 Location of well:	County <b>PRATT</b>	Township name <b>VALLEY</b>	Fraction <b>NE 1/4</b>	Section number <b>32</b>	Town number <b>28</b>	Range number <b>11</b>
Distance and direction from nearest town or city: <b>1 MILE EAST ISABELL KANSAS</b> Street address of well location if in city: <b>6 1/2 North</b>			3 Owner of well: <b>DUANE Bush</b> Address: <b>ISABELL KANSAS 67065</b>			
Locate with "X" in section below:  Sketch map: <b>ISABELL KAN</b> <b>1 MILE EAST</b> <b>6 1/2 North</b> <b>Palstaff well</b>			4 Well depth: <b>50</b> ft. Date of completion <b>11-27-74</b> Well diameter <b>8</b> 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"/> <b>Stock</b>			
From To			7 Casing: Material <b>ASTM</b> Weight: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <b>36</b> in. Diam. <b>5</b> in. to <b>50</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>50</b> ft. depth			
			8 Screen: Manufacturer <b>JXL</b> Type <b>PVC</b> Dia. <b>5</b> Slot gauge <b>1/32</b> in. Length <b>10</b> Set between <b>40</b> ft. and <b>50</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>4/16</b>			
Soil			9 Static water level: <b>40</b> ft. below land surface Date <b>11-27-74</b>			
			10 Pumping level below land surfaces: ____ ft. after <b>1/4</b> hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.			
Clay			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>11-27-74</b>			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <b>36</b> inches above grade			
Sand Lite Brown			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 <b>1</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination <b>PHASTRA</b> ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Clay and sand			15 Pump: <b>3" cyclinder</b> <input type="checkbox"/> Not installed Manufacturer's name <b>Geo motor mill</b> Model number ____ HP ____ Volts ____ Length of drop pipe <b>32</b> ft. capacity ____ 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  Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
(use a second sheet if needed)			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>WEBER well service</b> <b>226</b> Business name <b>NASHVILLE KANSAS</b> License No. ____ Address <b>2 FOX WEBER</b> Date <b>11-27-74</b> Signed <b>FOX WEBER</b> Authorized representative			