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

## WATER WELL RECORD KSA 82a-1201-1215

|   |   |             |                    | _ |
|---|---|-------------|--------------------|---|
|   |   | TT          |                    | 7 |
|   |   | <u>1 1 </u> |                    | J |
| 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

| Location of wells   Kiowa   Wells Ford   NW NE SE   25   T385   RIG   W  |                      | County                      | Township name               | Fraction |         | Section number |          |               | Town number                             | Range number                    |                                       |
|--|----------------------|-----------------------------|-----------------------------|----------|---------|----------------|----------|---------------|---|---------------------------------|---------------------------------------|
| Since oddress of well location if in city: Wells Ford  Address: Peaples Bank Frati. Kansas (all 24)  Well desprise 2. In: Date of completion Left Incident Left Incid | 1 Location of well:  | Kiowa                       | WellsFord                   | NW NE    | sE      |                | 25       | _             | T285                                    | R 16W                           |                                       |
| Cocate with "%" in section below:   Search map:   4 Well discrete   In.   1    | Distance and directi | ion from nearest town or ci | 14: 25 1/2E                 |          | 3 Owner | of well        |          |               |   | TrusT                           |                                       |
| Locate with "A" in section below:   Sketch map:   Well depth:  | Street address of we | Il location if in city:     | WellsFor                    | d        | Addre   | ess:           | Peo      | ole           | s Bank                                  | 4,50                            |                                       |
| Well distinct in the property of the property  |                      |                             | CI . I                      |          |         |                | 170      | <i>ι    ,</i> | Kansas a                                | 7/24<br>Data of secondaria 1-24 | 75                                    |
| Hotlow roll   State   Board   Reaves rotary  | Locate with "X" in s |                             | Sketch map:                 |          |         |                |          |               |   | Date of completion 2 2          | ك                                     |
| State   Domestic   Problic tapply   Industry   |                      | 1 1 1                       |                             |          |         |                |          | 5 [           | Cable tool X Rotary                     | Driven Dug                      |                                       |
| Interest to proper to the control of the control    |                      | . X                         |                             |          |         |                |          |               | Hollow rod Detted                       | ☐ Bored ☐ Reverse rotary        |                                       |
| Test well     Test   |                      |                             |                             |          |         |                |          | 6 U           |   | =                               |                                       |
| 7 Caring: Meterial RD   Height Start Network   No.   | w                    |                             |                             |          |         |                |          |               |   |                                 |                                       |
| Treeded Wilded Surface Line.  Tope and color of material   |                      |                             |                             |          |         |                |          | 7 C           |   |                                 |                                       |
| John      |                      | i i i                       |                             |          |         |                |          | Т             | hreaded 🔲 🙏 Welded 🔲                    | Surface 12 in.                  |                                       |
| Type and color of material   From   To   | 1                    | · ·                         |                             |          |         |                |          |               |   |                                 |                                       |
| Screen:  Scarth  Drown Clay  Course gravel  Stebeness III. and All II.  Stebeness III. and All III.  Stebeness III.  Steb | 2                    |                             |                             |          | Т       | _              |          |               |   |                                 |                                       |
| Type And Dia.    State   State |                      | Тур                         | oe and color of material    |          |         | From           | 10       | 8 S           | creen:                                  | £00                             |                                       |
| Storygoure   Length   Cost between   ft. and   28 h.   | East                 | l <sub>o</sub>              |                             |          |         | 0              | 3        |               |   | العسد                           |                                       |
| Course grand   35   Government   1   G   | 2.                   | D 1                         |                             |          |         | 2              | 2,-      | s             | lot/gauze                               |                                 |                                       |
| Grove pack   Yes   No Size range of material.    Comment   West   No Size range of material.   | Prow                 | n telay                     |                             |          |         | <u> </u>       | 25       |               |   |                                 | i                                     |
| Static water level:   If the blow land surface Date   If the blow land surfaces:   Deput   If the blow land surfaces:   Deput   If the surfaces:   Deput   If    | Cour                 | so arme                     | l                           |          |         | 35             | 65       | Ġ             | Grovel pack X Yes No                    | Size range of material          |                                       |
| S   9   10 Pumping level below land surfaces:     2  | Clay                 |                             |                             |          |         | 65             | 68       | 9 S           | tatic water level:                      | _                               |                                       |
| ft. after  | 1.                   | 10 and                      |                             |          |         | 68             | 19       | 10 P          | umping level below land su              | rfaces:                         |                                       |
| Estimated maximum yield  | Jine                 | Rung                        |                             |          |         |                | 00       | X             | <b>2</b> 2_ ft. after hr:               | s. pumping 🚣 🏖 g.p.m.           |                                       |
| 11 Water sample submitted:   | Dood W               | rater blar                  | ing Dan                     | d        |         | 77             | 70       |               |   |                                 |                                       |
| 12 Well head completion:   |                      |                             |                             |          |         |                |          | 11 W          |   |                                 |                                       |
| Pitless adapter   Inches above grade   |                      |                             |                             |          |         |                |          |               |   |                                 |                                       |
| Near cement   Bentonite   Depth; From Off. to Off.   |                      |                             | w                           |          |         |                |          |               |   |                                 |                                       |
| Depth: From  |                      |                             |                             |          |         |                |          |               |   | <del></del>                     |                                       |
| 14   Nearest source of possible contamination:   ft. 300   Direction   Type   No   Well disinfected upon completion?   Yes   No   Not installed   Manufacturer's name   HP   Volts     Length of drop pipe 344   ft. capacity 50 g.m.p.     Type:   Submersible   Turbine     Jet   Reciprocating     Other     16   Remarks: elevation   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.     Topography:   Hill   Slope   License No.     Address   H. T. Jourt   Signed   Authorized gargesentative   Date 8-21-75   |                      |                             |                             |          |         |                |          |               |   |                                 |                                       |
| ft. 300 Direction   Type   Value   |                      |                             |                             |          |         |                |          |               | <u> </u>                                |                                 |                                       |
| 15 Pump 3 cylinder   |                      |                             |                             |          |         |                | -        | f             | t. <u>300</u> Direction 🕳               | Type (V Kall)                   | ۲                                     |
| Model numberHP   |                      |                             |                             |          |         |                |          | 15.7          | Vell disintected upon comp              | letion? Yes No                  |                                       |
| Model numberHP   |                      |                             |                             |          |         |                |          | 10 P          | vmp:="cyselncer"<br>Nanufacturer's name | Cempster                        |                                       |
| Type:   Submersible   Turbine     Jet   Reciprocating     Certrifugal   Other     16 Remarks: elevation     Topography:   Hill   Slope   Upland     Upland   Date   Date   Date   Date   Date   Date   Date     Type:   Turbine   Reciprocating     Certrifugal   Other     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.   Slope   Date   Da |                      |                             |                             |          |         |                |          | ٨             | Model number                            | HP Volts                        |                                       |
| Submersible   Turbine   Jet   Reciprocating   Other  |                      |                             |                             |          |         |                | <u> </u> |               |   | tt. capacity 20 g.m.p.          |                                       |
| (use a second sheet if needed)    Certrifugal Other  |                      |                             |                             |          |         |                |          |               | Submersible                             | =                               |                                       |
| 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.  Topography:  Hill Slope Upland  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.  Business name License No. Address Address Address Address Address Application: Date 8-21-75  |                      | 1                           | e a second sheet if seeded  |          | 7       | _              |          | =             |   |                                 |                                       |
| This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Topography:  Hill  Slope  Upland  This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Business name  License No.  Address  Address  Address  Address  Address  Application and this report is true to the best of my knowledge and belief.  Address  Addres | 16 Remarks: elevat   |                             | C Q second sheet if needed) | •        |         |                | 1        |               |   | <del></del>                     |                                       |
| Topography:    Hill   Business name   License No.     Slope   Upland   Date 8-21-75  |                      |                             |                             |          |         |                |          | Ţ             | his well was drilled under              | ny jurisdiction and this        |                                       |
| Upland  Address Signed  Authorized representative  | Topography           |                             |                             |          |         |                |          | <u>√</u> /    | eport is true to the best of            |                                 | 10                                    |
| Upland  Address  Signed  Authorized representative   | I <u>—</u>           |                             |                             |          |         |                |          | B             | usiness name                            | License No.                     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Authorized representative  | <b>⊠</b> Slope       |                             |                             |          |         |                |          |               | Clare de                                | 201                             | 75                                    |
|  |                      |                             |                             |          |         |                |          |               |   |                                 |                                       |

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

Form WWC-5