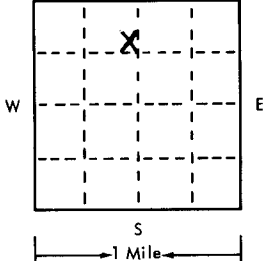


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Kiowa	Township name Wells Ford	Fraction NW NE SE	Section number 25	Town number T 285	Range number R 16 W
Distance and direction from nearest town or city: 2 1/2 E Street address of well location if in city: Wells Ford				3 Owner of well: Margaret Robbins Trust Address: Peoples Bank Pratt, Kansas 67124		
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: 92 ft. Date of completion 7-24-75 Well diameter 5 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 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 checked="" type="checkbox"/> Stock well		
From To				7 Casing: Material RMP Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5/8 Weight 200 lbs./ft. 5 in. to 92 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth!		
				8 Screen: Manufacturer Jerry Lowell Type RMP Dia. 5" Slot/gauze 1/16 Length 10' Set between 82 ft. and 92 ft. Fittings: Grovel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16 - 3/8		
Earth				9 Static water level: 79 ft. below land surface Date 7-24-75		
Brown clay				10 Pumping level below land surfaces: 80 ft. after ___ hrs. pumping 12 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ g.p.m.		
Coarse gravel				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___		
Clay				12 Well head completion: weld seal 12" <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Fine sand				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.		
Good water bearing sand				14 Nearest source of possible contamination: ft. 300 Direction SW Type Okaw Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: 3" cylinder <input type="checkbox"/> Not installed Manufacturer's name Wempster Model number ___ HP ___ Volts ___ Length of drop pipe 84' ft. capacity 50 g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> Other		
				16 Remarks: elevation		
Topography: <input type="checkbox"/> Hill <input checked="" 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. Frank Bruce Well Service 103 Business name License No. ___ Address 1117 Stout Signed Frank Bruce Date 8-21-75 Authorized representative		

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

Form WWC-5