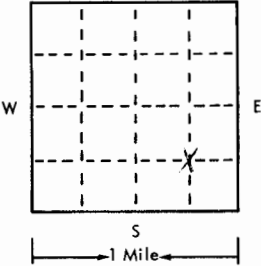


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Fraction C/SE¹	Section number 18	Town number 28	Range number 19 W		
Distance and direction from nearest town or city: 3E-1N-1W-1N 1/8N of Mullinville, Ks. Street address of well location if in city: <i>per Map DRL</i>			-3 Owner of well: D.R. Lauck Drilling Co. Address: 301 South Broadway Wichita, Ks.					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 160 ft. Date of completion 2-3-75 Well diameter 7 7/8 .		
2 Type and color of material			From	To	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			
			Top soil		0	3	6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" 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"/> oil field head supply	
			Brown clay		3	60	7 Casing: Material pvc Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 4 in. to 140 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 in. to 140 ft. depth	
			Good sand		60	100	8 Screen: Manufacturer R & B Type pvc Dia. 4 Slot/gauze 1/16 Length 20 Set between 140 ft. and 160 ft. Fittings: 3/4-3/8-1/16 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material cm-3	
			Yellow clay		100	120	9 Static water level: 100 ft. below land surface Date 2-3-75	
			Sandy clay		120	140	10 Pumping level below land surfaces: NA ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
			Clay		140	149	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Good sand & gravel		149	160	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade				
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From ____ ft. to ____ ft.				
				14 Nearest source of possible contamination: ft. 300 Direction N Type oil well Well disinfected upon completion? <input 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Ks. Signed Fredia Doan Date 2-10-75 Authorized representative					
			well will be pulled & plugged					

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

Form WWC-5