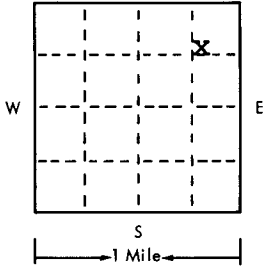


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Kiowa</b>	Township name <b>Martin</b>	Fraction <b>NE of NE</b>	Section number <b>6</b>	Town number <b>T28S</b>	Range number <b>R20W</b>	
Distance and direction from nearest town or city: <b>7 mi. Northwest of Mullenville, KS</b> Street address of well location if in city:				3 Owner of well: Address: <b>Don Broomfield Augusta, Kansas</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: <b>62</b> ft. Date of completion <b>5-23-75</b> Well diameter <b>24</b> in.		
2 Type and color of material				From	To	5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
						6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
						7 Casing: Material <b>Steel</b> Height: <u>above</u> / <u>below</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>40</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>16</b> in. to <b>62</b> ft. depth!	
						8 Screen: Manufacturer <b>Johnson Division</b> Type <b>Irr. .125</b> Dia. <b>16"</b> <input checked="" type="checkbox"/> Slot gauze <b>1/8</b> Length <b>20'</b> Set between <b>40</b> ft. and <b>60</b> ft.	
						9 Static water level: <b>33</b> ft. below land surface Date <b>5-23-75</b>	
						10 Pumping level below land surfaces: <b>N/C</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.					
		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.p.m. 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 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>Clarke Well &amp; Eq., Inc. 185</b> Business name _____ License No. _____ Address <b>Great Bend, KS</b> Signed <u>W. W. Clarke</u> Date <b>5-23-75</b> Authorized representative			

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