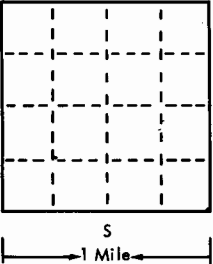


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>GRANT</b>	Township name <b>SHERMAN</b>	Fraction <b>E-80-SW 1/4</b>	Section number <b>5</b>	Town number <b>28</b>	Range number <b>35</b>
Distance and direction from nearest town or city: <b>5 mi. N and 3 1/8 mi. E of Hickok</b>				3 Owner of well: <b>Edward Issac</b> Address: <b>Ulysses, Kansas</b>		
Locate with "X" in section below: N 		Sketch map: <b>8 ft. East</b> <b>276 ft. North of corner</b>		4 Well depth: <b>400</b> ft. Date of completion <b>5-30-1975</b> Well diameter <b>10</b> in.		
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		
				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"/>		
				7 Casing: Material <b>stry</b> Weight: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>1 1/2</b> in. Diam. <b>Glued</b> Weight _____ lbs./ft. _____ <b>5</b> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>345</b> ft. depth		
				8 Screen: Manufacturer <b>Jesse &amp; lowell</b> Type <b>320 wall</b> Dia. <b>5"</b> Slot/gauze <b>1/16</b> Length <b>40 ft.</b> Set between _____ ft. and _____ ft. Fittings: <b>0-360 plain: 360-400</b> Perf <b>1/8-1/2</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: <b>290</b> ft. below land surface Date <b>3-1</b>		
				10 Pumping level below land surfaces: <b>N A</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 type="checkbox"/> No Date _____		
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>10</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>10</b> ft. to <b>20</b> ft.		
				14 Nearest source of possible contamination: <b>none</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(use a second sheet if needed)				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Gould</b> Model number _____ HP <b>3</b> Volt <b>230</b> Length of drop pipe <b>315</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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>Wagner Drilling 253</b> Business name _____ License No. _____ Address <b>Ulysses, Kansas</b> Signed <b>Wagner</b> Date <b>6-9-75</b> Authorized representative		
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5