

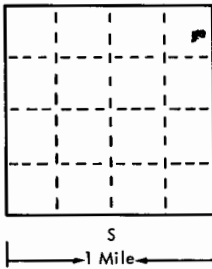
USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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

Sherriff Ruff #1

1 Location of well:	County <i>Ringman</i>	Township name	Fraction <i>1 1/2 NENE</i>	Section number <i>17</i>	Town number <i>28 S</i>	Range number <i>9 W</i>
Distance and direction from nearest town or city: <i>5 east 2 south</i>			3 Owner of well: <i>Caspin Drilling Co</i>			
Street address of well location if in city: <i>1 east of Cunningham</i>			Address: <i>Great Bend Kansas</i>			
Locate with "X" in section below: N  W S 1 Mile			Sketch map:		4 Well depth: <i>65</i> ft. Date of completion <i>8-28-75</i> Well diameter <i>7</i> 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
			<i>Clay</i>	<i>0</i>	<i>30</i>	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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>oil field sup</i>
			<i>Sand</i>	<i>30</i>	<i>45</i>	7 Casing: Material <i>PVC</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. <i>4</i> in. to <i>65</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>4</i> in. to <i>65</i> ft. depth
			<i>Gravel</i>	<i>45</i>	<i>65</i>	8 Screen: Manufacturer <i>Barless Plastic</i> Type <i>PVC</i> Dia. <i>4</i> Slot gauge <i>5</i> Length <i>10</i> Set between <i>55</i> ft. and <i>65</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>8 1/4</i>
						9 Static water level: <i>12</i> ft. below land surface Date <i>8-28-75</i>
						10 Pumping level below land surfaces: ____ 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 <input type="checkbox"/> Inches above grade
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ____ Depth: From <i>0</i> ft. to <i>10</i> ft.
						14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ 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			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. <i>Myers water well 143</i> Business name <i>Great Bend Co</i> License No. ____ Address <i>Great Bend Co</i> Signature <i>Myers</i> Date <i>8-28-75</i> Authorized representative			