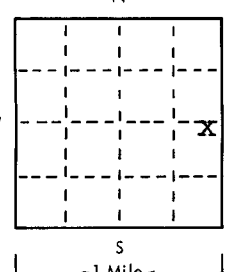


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Kingman</u>	Township name	X Fraction <u>3/4 N E S E</u>	Section number <u>9</u>	Town number <u>29</u>	Range number <u>10 W</u>
Distance and direction from nearest town or city: <u>3/4 m N</u>			3 Owner of well <u>Lawrence Freund</u>			
Street address of well location if in city: <u>St Leo</u>			Address: <u>Cunningham, Ks.</u>			
4 Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>53</u> ft. Date of completion _____ Well diameter <u>8</u> in. <u>12-10-74</u>
			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"/> _____
			X Casing: Material <u>pvc</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam <u>TD</u> Weight <u>155</u> lbs./ft. <u>4</u> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			X Screen: Manufacturer <u>PMWPC</u> Type <u>PLE</u> <u>4</u> Slot/gauze <u>625</u> Length <u>8ft</u> Set between <u>45</u> ft. and <u>53</u> ft. Fittings: <input checked="" type="checkbox"/> Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4" DA</u>
2			Type and color of material		From	To
			<u>Soil and clay</u>		<u>0</u>	<u>24</u>
			<u>fine sand</u>		<u>24</u>	<u>42</u>
			<u>medium to coarse sand</u>		<u>42</u>	<u>53</u>
			X Static water level: <u>15</u> ft. below land surface Date <u>12-10-74</u>			
			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.			
			X 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			X 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>5</u> ft. to <u>15</u> ft.			
			14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>west</u> Type <u>10+</u> Well disinfected upon completion? <input checked="" 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			
			(use a second sheet if needed)			
16 Remarks: elevation			17 Water well contractor's certification:			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lyman Bros</u> <u>140A</u> Business name License No. Address <u>Medicine Lodge,</u> Signed <u>10/4/74</u> Date <u>12-31-74</u> Authorized representative			

29 10 W 9 N E S E