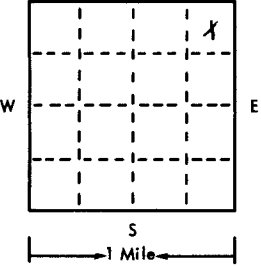


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <i>Nowa</i>	Township name	Fraction <i>ENE/NE 1/4</i>	Section number <i>24</i>	Town number <i>29</i>	Range number <i>18</i>
Distance and direction from nearest town or city: <i>6E-75-15W of Kensington, Mo.</i>				3 Owner of well: <i>Dubriel Drilling Co.</i> Address: <i>905 4th Natl. Bldg. Wichita, Ks</i>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2				4 Well depth: <i>120</i> ft. Date of completion <i>2-18-75</i> Well diameter <i>1 1/2</i> in.		
Type and color of material				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>Sandy top soil</i>				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 type="checkbox"/> <i>Oil Field Ho Supply</i>		
<i>Clay</i>				7 Casing: Material <i>steel</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight <i>160</i> lbs./ft. _____ <i>4</i> in. to <i>80</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
<i>Gravel</i>				8 Screen: Manufacturer <i>A+B</i> Type <i>perc.</i> Dia. <i>4"</i> <i>101</i> gauze <i>1/16</i> Length <i>40</i> Set between <i>80</i> ft. and <i>120</i> ft. Fittings: <i>3/4-38-1/2</i> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>CA-3</i>		
<i>Clay</i>				9 Static water level: <i>55</i> ft. below land surface Date <i>2-18-75</i>		
<i>Sandy clay</i>				10 Pumping level below land surfaces: <i>N.A.</i> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<i>Clay</i>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<i>Sand</i>				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
<i>Clay</i>				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.		
<i>Clay</i>				14 Nearest source of possible contamination: ft. <i>90'</i> Direction <i>SE</i> Type <i>oil well</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>fire clay</i>				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  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley  <i>This well will be pulled &amp; plugged at later date</i>				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>Reservantz Benio 134</i> Business name _____ License No. _____ Address <i>Green Bend, Mo</i> Signed <i>Edwin Hudson</i> Date <i>2-24-75</i> Authorized representative		

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

Form WWC-5