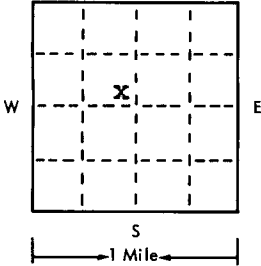


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Kiowa	Township name	Fraction NE SE NW	Section number S 30	Town number T 29 S	Range number 19 W		
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Address: Norval Ralstin Mullinville, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		4 Well depth: <u>225</u> ft. Date of completion <u>8-19-75</u> Well diameter <u>9 7/8</u> 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			
			Top soil		0	5	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"/>	
			Clay		5	190	7 Casing: Material <u>RMP</u> Height: above/below <u>(below)</u> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. Diam. Weight <u>220</u> lbs./ft <u>100</u> <u>5</u> in. to <u>225</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
			Med. to lar. sand & gravel		190	200	8 Screen: Manufacturer <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>20'</u> Set between <u>185</u> ft. and <u>225</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
			Clay		200	212	9 Static water level: <u>185</u> ft. below land surface Date <u>8/18/75</u>	
			Med. to lar. sand & gravel		212	223	10 Pumping level below land surfaces: ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield <u>25</u> g.p.m.	
			Black shale		223	225	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
							12 Well head completion: <input checked="" 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 type="checkbox"/> Bentonite <input checked="" type="checkbox"/> cement Depth: From <u>0</u> ft. to <u>10</u> ft.	
							14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>W</u> Type <u>corral</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD19</u> HP <u>20</u> Volts <u>230</u> Length of drop pipe <u>210</u> ft. capacity <u>20</u> 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			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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. <u>Friesen Windmill</u> <u>252</u> Business name License No. Address <u>Meade, Kansas</u> <u>67864</u> Signed <u>[Signature]</u> Date <u>8-9-75</u> Authorized representative					

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

Form WWC-5