

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

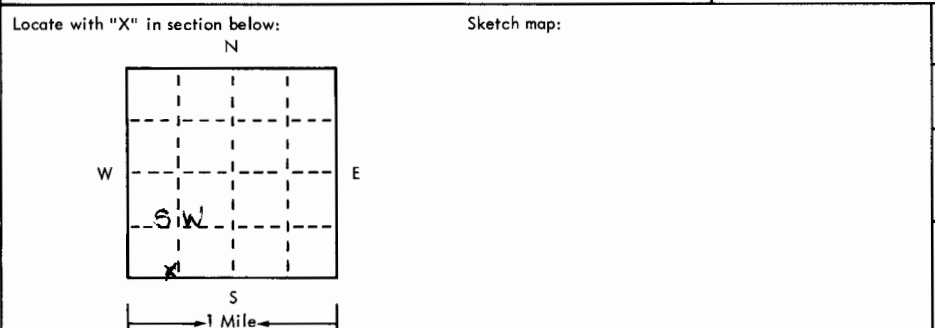
T R EW sec 1/4 1/4 1/4 No.

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: Ford	Township name:	Fraction: S.E. SW SW	Section number: 14	Town number: T 29 S	Range number: R 25 W
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Distance and direction from nearest town or city: 5 N. 3/4 W of Minneola	3 Owner of well: Bernard Rooney Address: Minneola, Kansas
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4 Well depth: 200 ft. Date of completion 1-29-75
Well diameter 9 in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well

7 Casing: Material rmp Height: above/below
Threaded Welded Surface 16 in.
Diam. Weight 320 lbs./ft.
5 in. to 200 ft. depth Drive shoe? Yes No

2	Type and color of material	From	To
	Overburdne	0	155
	Coarse sand and thin clay stks.	155	190
	Yellow shale and sand store	190	200

8 Screen: Manufacturer Sunflower
Type R.M.P. Dia. 5"
Slot/gauze Slot Length 50'
Set between 150 ft. and 200 ft.
Fittings: Gravel pack Yes No Size range of material 1/8

9 Static water level: 155 ft. below land surface Date 1/29/75

10 Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 40 g.p.m.

11 Water sample submitted:
 Yes No Date ___

12 Well head completion:
 Pitless adapter 16 inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite
Depth: From 4 ft. to 14 ft.

14 Nearest source of possible contamination:
ft. 600 Direction East Type Corral
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.m.p.
Type: Submersible Turbine
 Jet Reciprocating
 Certrifugal Other

16 Remarks: elevation

Topography:

Hill
 Slope
 Upland
 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.
T & W Water well Serv. 142
Business name _____ License No. _____
Address Box 816 Liberal, Ks.
Signed C. W. Wagonella Date 1/29/75
Authorized representative