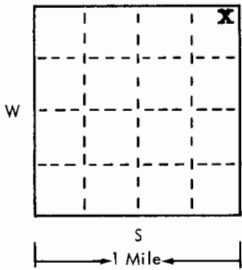


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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

1 Location of well:	County Gray Neade	Township name East Hess	Fraction NE $\frac{1}{4}$	Section number S #26	Town number T #29 S	Range number R #27 W
Distance and direction from nearest town or city: 9 miles south of Ensign, Kansas			3 Owner of well: Thurman Eccleston Address: Fowler, Kansas 67844			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section #26 T #29 and R #27			4 Well depth: 103 ft. Date of completion 5-16-75 Well diameter 8 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	
					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	
Top soil & Clay			0 15		7 Casing: Material RMP Height: above/below xxx Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 103 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to in. ft. depth	
					8 Screen: Manufacturer Sunflower Type RMP Dia. 5" Slot/gauze 1/8" Length 20 ft. Set between 80 ft. and 100 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"	
Clay			15 30		9 Static water level: 59 ft. below land surface Date 5-16-75	
Medium sand			30 45		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.	
" "			45 60		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
" "			60 75		12 Well head completion: None <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
" " & clay layers			75 90		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 10 ft.	
Medium sand & clay layers			90 105		14 Nearest source of possible contamination: Carrals ft. 50 Direction South Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(use a second sheet if needed)					15 Pump: Windmill <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 Well has good drainage to the South Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input 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. JOE'S WELL SERVICE 179 Business name License No. Address Box 174 Cimarron, Kansas Signed Ray Crick Date 6-6-75 Authorized representative			

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

Form WWC-5