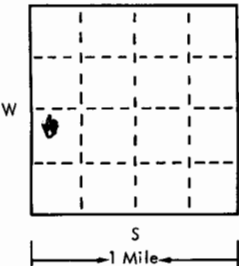


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Gray</u>	Township name <u>West Hess</u>	Fraction <u>NW 1/4 NW 1/4 SW 1/4</u>	Section number <u>32</u>	Town number <u>295</u>	Range number <u>78 W</u>
Distance and direction from nearest town or city: <u>12 N 4 W 1/2 S</u>				3 Owner of well: <u>Joe Brington</u>		
Street address of well location if in city: <u>Meade</u>				Address: <u>Montezuma KS</u>		
Locate with "X" in section below:  Sketch map: <u>scptic tank</u> <u>Hand</u> <u>Well</u>				4 Well depth: <u>100</u> ft. Date of completion <u>7-30-75</u> Well diameter <u>5</u> in.		
2 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		
				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"/>		
				7 Casing: Material <u>5</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>5</u> in. to <u>100</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>100</u> ft. depth		
				8 Screen: Manufacturer <u>Jet Stream</u> Type <u>PVC 160</u> Dia. <u>5</u> Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>80</u> ft. and <u>100</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/16" - 1/4"</u>		
				9 Static water level: <u>30</u> ft. below land surface Date <u>7-29-75</u>		
(use a second sheet if needed)				10 Pumping level below land surfaces: <u>32</u> ft. after <u>2</u> hrs. pumping <u>20</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>75</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>28</u> inches above grade		
				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 <u>18</u> ft. to <u>3</u> ft.		
				14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>north</u> Type <u>scptic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>F+W</u> Model number <u>70A12</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>60</u> ft. capacity <u>10</u> g.p.m. 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		
				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>Bartel Orly 101A</u> Business name <u>Meade Kans</u> License No. <u> </u> Address <u> </u> Signed <u>Bartel Orly</u> Date <u>7-30-75</u> Authorized representative		

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

Form WWC-5