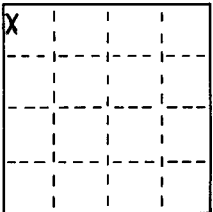


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Gray</b>	Township name <b>Montezuma</b>	Fraction <b>NW<math>\frac{1}{4}</math></b>	Section number <b>#1</b>	Town number <b>T #29 S</b>	Range number <b>R #29 W</b>
Distance and direction from nearest town or city: <b>4 miles S. of Montezuma</b> Street address of well location if in city:				3 Owner of well: <b>Dean Nance</b> Address: <b>Montezuma, Kansas 67867</b>		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map: <b>NW <math>\frac{1}{4}</math> of the NW <math>\frac{1}{4}</math> of Section #1 T #29 S and R #29 W.</b>		
2				4 Well depth: <b>150</b> ft. Date of completion <b>6-2-75</b> Well diameter <b>8</b> 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		
Top soil & clay				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		
Clay				7 Casing: Material <b>RMP</b> Height: above/below <b>XXX</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>150</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No in. to ft. depth		
Clay				8 Screen: <b>Sunflower</b> Manufacturer <b>RMP</b> Type <b>RMP</b> Dia. <b>5 in.</b> Slot gauze <b>1/8</b> Length <b>20 ft.</b> Set between <b>125</b> ft. and <b>145</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4 in.</b>		
Clay & sand mixed				9 Static water level: <b>118</b> ft. below land surface Date <b>6-2-75</b>		
Clay & sand mixed				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.		
Sand medium to dry				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date		
Sand coarse Dry				12 Well head completion: <b>None</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Sand coarse dry				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <b>0</b> ft. to <b>10</b> ft.		
Coarse sand & clay				14 Nearest source of possible contamination: <b>None in middle of field</b> ft. Direction Type Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Clay & white rock - rock is loose				15 Pump: <b>Windmill</b> <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 checked="" type="checkbox"/> Other		
Rock solid				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. <b>JOE'S WELL SERVICE 179</b> Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Larry Crick</b> Date <b>6-6-75</b> Authorized representative		
16 Remarks: elevation <b>Just used for stock well only.</b> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley (use a second sheet if needed)						

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

Form WWC-5