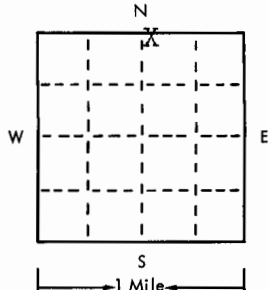


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 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>N.W.N. W. N. E. 2</u>	Fraction <u>T 29S</u>	Section number <u>R 29 W</u>	Town number <u>29</u>	Range number <u>29</u>
Distance and direction from nearest town or city: <u>2 1/2 S. 1/4 of</u> Street address of well location if in city: <u>Montezuma, Kansas 67867</u>			3 Owner of well: <u>Steven R. Dirks</u> Address: <u>Rt. 1</u> <u>Montezuma, Kansas 67867</u>			
Locate with "X" in section below: 			Sketch map: 4 Well depth: <u>160</u> ft. Date of completion <u>5/2/75</u> Well diameter <u>9</u> in.			
2			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			
Type and color of material			6 Use: <input 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"/>			
Overburden			7 Casing: Material <u>RMP</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. <u>5</u> in. to <u>160</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
Course Sand			8 Screen: Manufacturer <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>65</u> Set between <u>95</u> ft. and <u>160</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8</u>			
Sand Stone & Clay			9 Static water level: <u>95</u> ft. below land surface Date <u>5/2/75</u>			
Blue Shale			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.			
Lost Circulation @140'			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 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>3</u> ft. to <u>13</u> ft.			
			14 Nearest source of possible contamination: <u>Septic tank</u> ft. <u>256</u> Direction <u>N.W.</u> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <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			
(use a second sheet if needed)			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>T. & W. Waterwell Ser. 142</u> Business name _____ License No. _____ Address <u>Box 816 Liberal, KS.</u> Signed <u>Ed Wagonwalla</u> Date <u>5/5/75</u> Authorized representative			
16 Remarks: elevation <u>Well is to be completed by Friesen Windmill</u> <u>& Supply @ Meade Kansas</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5

Probably 5' below ground level