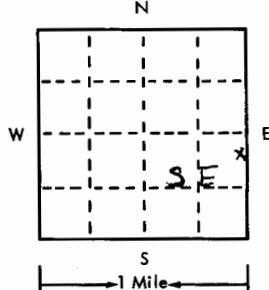


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Haskell	Township name Lockport	Fraction NE SE NE $\frac{1}{4}$	Section number 15	Town number T 29 S	Range number R 31 W
Distance and direction from nearest town or city: 2 E. & $\frac{1}{2}$ N. of Tice, Kansas			3 Owner of well: Eugene Wedel Address: Copeland, Kansas			
Locate with "X" in section below: 			4 Well depth: 310 ft. Date of completion 1/22/75 Well diameter 10 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 RMP Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 300 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			8 Screen: Manufacturer Sunflower Type R.M.P. Dia. 5" Slot/gauze Slot Length 40 Set between 270 ft. and 310 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1			
			9 Static water level: 195 ft. below land surface Date 1/22/75			
(use a second sheet if needed)			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 70 g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter 12 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 3 ft. to 13 ft.			
			14 Nearest source of possible contamination: ft. 120 Direction West Type Corral Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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			
			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. Wagoner Date 1/23/75 Authorized representative			

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

Form WWC-5