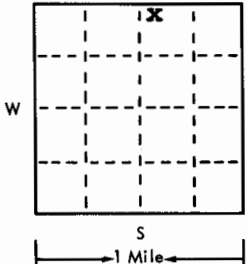


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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	Fraction NW, NW, NW	Section number 19	Town number 29S	Range number 31W
Distance and direction from nearest town or city: 6 miles E, 1 N and 1/2 E of Sublette Street address of well location if in city:			3 Owner of well: Mike Sherwood Sublette Address: Kansas			
Locate with "X" in section below: 			Sketch map: Well drilled neat test hole 1-75 which is located 120' S of NW corner of NE 1/4, Sec. 19, T29S, R31W Haskell County, Kansas			4 Well depth: 425 ft. Date of completion 7-23-75 Well diameter 28 in.
2 Type and color of material			5 <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary			
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well			
			7 Casing: Material Stl Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 258 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth			
			8 Screen: Foster, Brown, Cook Manufacturer Millslot, Louver wire wrap Type 1/8" Dia. 16" Slot/gauze 1/8" Length 167 Set between 258 ft. and 425 ft. Fittings: 1.2mm to 9mm Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___			
			9 Static water level: 195 ft. below land surface Date 8-23-75			
			10 Pumping level below land surfaces: No test ___ ft. after ___ hrs. pumping ___ g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield ___ 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 <input checked="" type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From 0 ft. to 10 ft.			
			14 Nearest source of possible contamination: unk ft. ___ Direction ___ Type ___ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Peerless Model number ___ HP ___ Volts ___ Length of drop pipe 240 ft. capacity 1400 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Layne-Western Company, Inc. 150 Business name License No. ___ Address Box 686, Garden City, Ks. Signed [Signature] Date 22 Aug 75 Authorized representative			

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

Form WWC-5