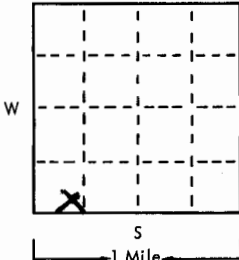
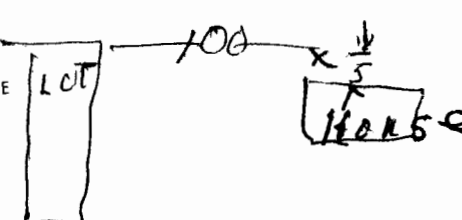


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 KINGMAN	Township name	Fraction SW 5 4 SW	Section number 3	Town number 29	Range number 9	
Distance and direction from nearest town or city: 7 N 3/4 W Zenda			3 Owner of well: Johnnie Diefel Address: RR KINGMAN				
Locate with "X" in section below: N 			Sketch map: 			4 Well depth: 74 ft. Date of completion: 3-2-76 Well diameter: 8 in.	
2 Type and color of material			From		To		
			SILTY SAND		0	8	
			CLAY		8	56	
			MED FINE SAND		56	65	
			MED SAND		65	73	
shale		73	74				
					8 Screen: Pearless Manufacturer: PWC Dia. 4" Type: PWC Slot/gauze: 0.35 Length: 10 Set between: 64 ft. and 74 ft. Fittings: 5 PK Gravel pack: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material: _____		
					9 Static water level: 20 ft. below land surface Date 3-2-76		
					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 25 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 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 3 ft. to 15 ft.		
					14 Nearest source of possible contamination: CATTLE ft. 100 Direction W Type LOT 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.p.m. 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		
16 Remarks: elevation chl less than 50 PPM 18 gpm Hard Custom well Paver slab					17 Water well contractor's certification: This well was drilled under my jurisdiction and this record is true to the best of my knowledge and belief. Leyman Bros 140 Business name License No. Address ML Signed W H Leyman Date 3-3-76 Authorized representative		