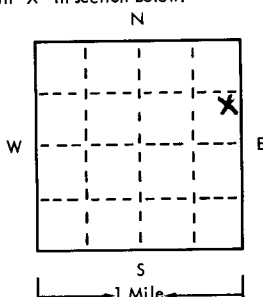


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>KIOWA</b>	Township name	Fraction <b>NE SE NE</b>	Section number <b>10</b>	Town number <b>30</b>	Range number <b>16</b>		
Distance and direction from nearest town or city: <b>SE BELVIDERE</b>			3 Owner of well: <b>RICHARD ROBBINS</b>					
Street address of well location if in city: <b>WELLS CEMETARY</b>			Address: <b>Box 1008 MAAT KS</b>					
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>56</b> ft. Date of completion <b>12-20-75</b> Well diameter <b>10</b> in.		
2 Type and color of material			From		To			
			<b>Soil</b>		<b>0</b>	<b>3</b>	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	
			<b>COARSE SAND</b>		<b>3</b>	<b>55</b>	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"/>	
			<b>Shale</b>		<b>55</b>	<b>56</b>	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <b>6</b> Weight <b>160</b> lbs./ft. <b>6</b> in. to <b>56</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth	
							8 Screen: Manufacturer <b>Peerless</b> Type <b>PVC</b> Dia. <b>6</b> Slot/gauze <b>0.75</b> Length <b>8 ft</b> Set between <b>47</b> ft. and <b>56</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <input type="checkbox"/>	
							9 Static water level: <b>30</b> ft. below land surface Date <input type="checkbox"/>	
							10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>35</b> g.p.m.	
							11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
							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 <b>3</b> ft. to <b>16</b> ft.	
				14 Nearest source of possible contamination: <b>CEMETARY</b> ft. <b>200</b> Direction <b>N</b> Type <input type="checkbox"/> 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				
16 Remarks: elevation			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>LYMAN BROS 140</b> Business name License No. Address <b>ML</b> Signed <b>W.H. Lyman</b> Date <b>12-24-75</b> Authorized representative					

30 16W 10 NE SE NE

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

Form WWC-5