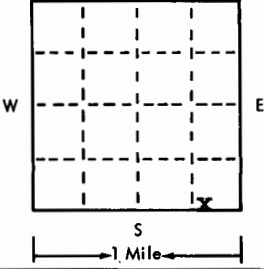


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Meade</b>	Township name	Fraction <b>SW SE SE/4</b>	Section number <b>20</b>	Town number <b>30 S</b>	Range number <b>26 W</b>																																							
Distance and direction from nearest town or city:			3 Owner of well: <b>Don Hildebrent</b>																																										
Street address of well location if in city:			Address: <b>Fowler, Kansas</b>																																										
Locate with "X" in section below: N  W S 1 Mile E			Sketch map:			4 Well depth: <b>200</b> ft. Date of completion <b>9-4-75</b> Well diameter <b>9 7/8</b> in.																																							
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>Top soil</td><td>0</td><td>5</td></tr><tr><td></td><td>Clay</td><td>5</td><td>23</td></tr><tr><td></td><td>Blue Clay</td><td>23</td><td>37</td></tr><tr><td></td><td>Clay</td><td>37</td><td>42</td></tr><tr><td></td><td>Sandy clay</td><td>42</td><td>50</td></tr><tr><td></td><td>Med. to lar. sand</td><td>50</td><td>62</td></tr><tr><td></td><td>Med. to lar. sand</td><td>62</td><td>152</td></tr><tr><td></td><td>Gravel</td><td>152</td><td>200</td></tr><tr><td colspan="4">(use a second sheet if needed)</td></tr></tbody></table>			2	Type and color of material	From	To		Top soil	0	5		Clay	5	23		Blue Clay	23	37		Clay	37	42		Sandy clay	42	50		Med. to lar. sand	50	62		Med. to lar. sand	62	152		Gravel	152	200	(use a second sheet if needed)				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		
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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 <b>RMP</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. Diam. <b>5</b> in. to <b>200</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>200</b> ft. depth																																													
8 Screen: Manufacturer <b>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>30'</b> Set between <b>170</b> ft. and <b>200</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>																																													
9 Static water level: <b>33</b> ft. below land surface Date <b>8/28/75</b>																																													
10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.																																													
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____																																													
12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>18</b> inches above grade																																													
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <b>Cement</b> Depth: From <b>0</b> ft. to <b>10</b> ft.																																													
14 Nearest source of possible contamination: ft. <b>50</b> Direction <b>NE</b> Type <b>corral</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																													
15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>3/4</b> Volts <b>230</b> Length of drop pipe ____ ft. capacity <b>10</b> g.p.m. Type: <input checked="" 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  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. <b>Friesen Windmill</b> <b>282</b> Business name License No. Address <b>Meade, Kansas</b> <b>67864</b> Signed <b>[Signature]</b> Date <b>9-24-75</b> Authorized representative																																										