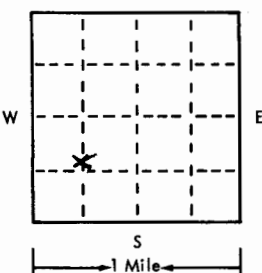


USE TYPEWRITER OR BALL  
POINT PEN-PRESS-FIRMLY,  
PRINT CLEARLY.

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 <b>E 2 CROOKED CREEK</b>	Fraction <b>SW 1/4</b>	Section number <b>18</b>	Town number <b>30</b>	Range number <b>27</b>
Distance and direction from nearest town or city: <b>6 M WEST - 3 N 3/4 W - 1/4 N OF FOWLER KANSAS</b>				3 Owner of well: <b>MRS. A C TILLMAN</b> Address: <b>RFD. FOWLER KANSAS</b>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <b>304</b> ft. Date of completion _____ Well diameter _____ in.			
				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			
2		Type and color of material		From	To	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 <input type="checkbox"/> _____	
		<b>SURFACE</b>		<b>0</b>	<b>2</b>	7 Casing: Material <b>Steel</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth/Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
		<b>CLAY</b>		<b>2</b>	<b>7</b>	8 Screen: Manufacturer <b>WA BROWN</b> Type <b>BRIDGE</b> Dia. <b>1 1/2</b> Slot/gauze <b>1/4</b> Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
		<b>CALICHE CLAY</b>		<b>7</b>	<b>14</b>	9 Static water level: <b>80</b> ft. below land surface Date _____	
		<b>FINE SAND &amp; CLAY</b>		<b>14</b>	<b>24</b>	10 Pumping level below land surfaces: <b>110</b> ft. after <b>1</b> hrs. pumping <b>1400</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>2000</b> g.p.m.	
		<b>FINE SAND</b>		<b>24</b>	<b>28</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
		<b>HARD LAYERS WHITE CLAY</b>		<b>28</b>	<b>58</b>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
		<b>FINE SAND</b>		<b>58</b>	<b>83</b>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.	
		<b>CLAY</b>		<b>83</b>	<b>87</b>	14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>CALICHE &amp; CLAY</b>		<b>87</b>	<b>96</b>	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>LAKE BOWLER</b> Model number _____ HP _____ Volts _____ Length of drop pipe <b>160</b> ft. capacity _____ 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	
		<b>FINE SAND</b>		<b>96</b>	<b>108</b>	16 Remarks: elevation	
		<b>SAND &amp; GRAVEL GOOD</b>		<b>108</b>	<b>132</b>	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>JOJOHNSON DRILLING</b> Business name License No. _____ Address <b>Dodge City, Kans 183</b> Signed <b>JOJOHNSON</b> Date <b>6-7</b> Authorized representative	
		<b>CLAY</b>		<b>132</b>	<b>182</b>	16 Remarks: elevation	
		<b>FINE SAND</b>		<b>182</b>	<b>191</b>	Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
		<b>CLAY</b>		<b>191</b>	<b>200</b>		
		<b>MED. SAND &amp; FINE GRAVEL</b>		<b>200</b>	<b>224</b>		
		<b>CLAY</b> (use a second sheet if needed)		<b>224</b>	<b>225</b>		

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

Form WWC-5

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