

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

30 7 W 7 SE W
T R EW sec 1/4 1/4 1/4 No.

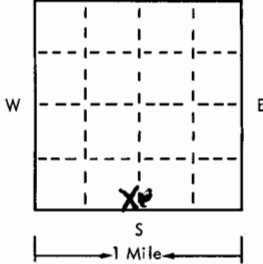
WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well: County **Kingman** Township name _____ Fraction ~~SW 1/4 SE~~ **1/4 SE 1/4 SW 1/4** Section number **7** Town number **T 30 S** Range number **R 7 W**

Distance and direction from nearest town or city: $\frac{1}{2}$ mi **So Spivey** 3 Owner of well: **Earl Johnson**

Street address of well location if in city: **2 east** Address: **Rago**

Locate with "X" in section below: Sketch map: 

2	Type and color of material	From	To
	clay	0	15
	fine sand	15	37
	med "	37	43
	Red Shale	37	45

(use a second sheet if needed)

4 Well depth: **45** ft. Date of completion **11-16**
Well diameter **3** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well **Human + Stock**

7 Casing: Material **PVC** Height: **above**/below
Threaded Welded Surface **36** in.
Diam. **4** in. to **43** ft. depth Drive shoe? Yes No
4 in. to **43** ft. depth!

8 Screen: Manufacturer **Peerless**
Type **PVC** Dia. **4**
Slot/gauze **030** Length **4ft**
Set between **38** ft. and **43** ft.
Fittings:
Gravel pack Yes No Size range of material **1/2"**

9 Static water level: **15** ft. below land surface Date **11-16-74**

10 Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

11 Water sample submitted:
 Yes No Date _____

12 Well head completion:
 Pitless adapter _____ inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **0** ft. to **12** ft.

14 Nearest source of possible contamination:
ft. **1/4** in. direction **oil well**
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name **Laouzal**
Model number **284B** HP **1/2** Volts **2**
Length of drop pipe **21** ft. capacity **10** g.m.p.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation

Topography:
 Hill
 Slope
 Upland
 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.

Lyman Bros License No. **140#**
Address **610 n. Iliff**
Signed **Medicine Lodge** Date **11-16**
Authorized representative *[Signature]*