

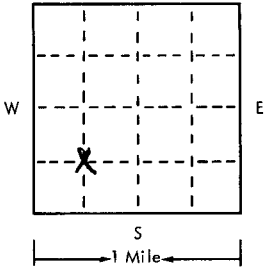
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

R-12 Picel #1 Mallowee-MaHoney

1 Location of well:	County <b>Kingman</b>	Township name	Fraction <b>C SW</b>	Section number <b>19</b>	Town number <b>305</b>	Range number <b>9 W</b>
Distance and direction from nearest town or city: <b>6 S.E. Nashville, Kan.</b>			3 Owner of well: <b>Gabbert-Jones, Inc</b> Address: <b>830 Sutton Pl. Wichita KS</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>145</b> ft. Date of completion <b>3-14-75</b> Well diameter <b>7</b> in.
2			Type and color of material		From	To
			<b>Top Soil - Sand</b>		<b>0</b>	<b>40</b>
			<b>Clay</b>		<b>48</b>	<b>55</b>
			<b>Sand - Clay Strks</b>		<b>55</b>	<b>100</b>
			<b>Sand - Gravel</b>		<b>100</b>	<b>145</b>
			8 Screen:		Manufacturer <b>MPI</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>4/6</b> Length <b>40'</b> Set between <b>105</b> ft. and <b>143</b> ft. Fittings: <b>1 1/8 - 3/4"</b> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			9 Static water level:		<b>60</b> ft. below land surface Date <b>3-14-75</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>40</b> 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 checked="" type="checkbox"/> Inches above grade <b>12</b>	
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>10</b> ft.	
			14 Nearest source of possible contamination:		ft. <b>70</b> Direction <b>SW</b> Type <b>Oil Test</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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>Kelly's Water Well Ser 186</b> Business name _____ License No. _____ Address <b>R 2 Great Bend</b> Signed <b>Kelly Price</b> Date <b>3-20-75</b> Authorized representative			

30 9W 19 CSW