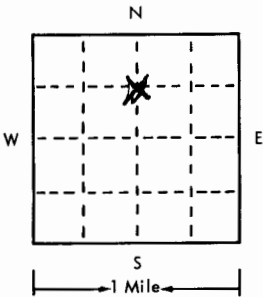


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Comanche</b>	Township name	Fraction <b>N 1/2</b>	Section number <b>34</b>	Town number <b>31 S</b>	Range number <b>18 W</b>		
Distance and direction from nearest town or city: <b>3 mi East &amp; 2 mi North of Coldwater</b>			3 Owner of well: <b>Eldon Boisseau</b> Address: <b>Coldwater, Kansas</b> <b>Well No. 1 (2-75)</b>					
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>294</b> ft. Date of completion: <b>12/6/75</b> Well diameter <b>30</b> in.		
2 Type and color of material			From		To			
			Sandy soil			0		1
			Fine to coarse sand & gravel			1		90
			Clay			90		104
			Med. to coarse sand & gravel			104		125
			Clay			125		137
			Med. to coarse sand & gravel			137		165
			Clay			165		211
			Med. to coarse sand & gravel w/clay			211		245
			Sandy clay			245		260
Med. to coarse sand & med gravel			260		292			
Red shale			292		300			
(use a second sheet if needed)								
16 Remarks: elevation			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					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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					
			7 Casing: Material <b>St1</b> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. Diam. <b>16</b> in. Weight <b>36.9</b> lbs./ft. <b>16</b> in. to <b>210</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
			8 Screen: Manufacturer <b>Doerv</b> Type <b>St1</b> Dia. <b>16</b> " Slot/gauze <b>1/8</b> " Length <b>84</b> " Set between <b>210</b> ft. and <b>294</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2" 1/2</b>					
			9 Static water level: <b>80</b> ft. below land surface Date <b>11-18-75</b>					
			10 Pumping level below land surfaces: <b>No Test</b> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ 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					
			13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>Clay</b> Depth: From <b>0</b> ft. to <b>10</b> ft.					
			14 Nearest source of possible contamination: ft. <b>2500</b> Direction <b>North</b> Type <b>Falm</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>Layne</b> Model number <b>12KM</b> HP <b>100</b> Volts ____ Length of drop pipe <b>180</b> ft. capacity <b>800</b> g.m.p. 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					
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>Layne Western Co.</b> <b>102</b> Business name License No. Address <b>Wichita, Kansas</b> Signed <b>[Signature]</b> Date <b>12/8/75</b>					

31 18 W 34 CN 1/2