

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

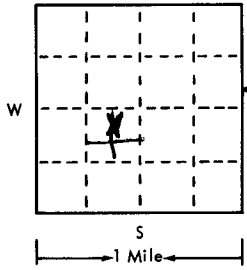
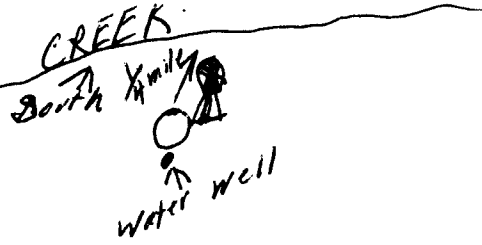
ASHLAND SE

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

CA A

1 Location of well:	County CLARK	Township name	Section number 6 SW NW 1/4 23	Town number 34S	Range number 23W
Distance and direction from nearest town or city: 6S 1/2 E ASHLAND, KANSAS			3 Owner of well: DUNN RANCH ASHLAND, KANSAS		
Locate with "X" in section below: 			Sketch map: 		
2 Type and color of material			From	To	4 Well depth: 60 ft. Date of completion: 9-11-75 Well diameter 9 in.
surface			0	2	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
fine sand			2	5	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
small gravel			5	(60)	7 Casing: Material pvc Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. Diam. glued Weight 200 lbs ___ in. to ___ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth
in Alluvium					8 Screen: pvc Manufacturer can-tex Type pvc Dia. 5" Slot/gauze 1/16" Length 20" Set between ___ ft. and ___ ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8"
BROCK 60					9 Static water level: 5 ft. below land surface Date 9-11-75
55' sand thick					10 Pumping level below land surfaces: 8 ft. after 1 hrs. pumping 100 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 200 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 type="checkbox"/> Inches above grade
					13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> cement Depth: From 5 ft. to 15 ft.
					14 Nearest source of possible contamination: ft. ___ Direction ___ Type ___ Well disinfected upon completion? <input type="checkbox"/> Yes <input 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 DUNN RANCH WILL RUN CEMENT SLAB.			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. Craig Water Well 239 Business name ___ License No. ___ Address Box 521 Woodward, Okla Signed Deul Bay Date 9-28-75 Authorized representative		

34 23W 23 C NE SW

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

Form WWC-5