

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

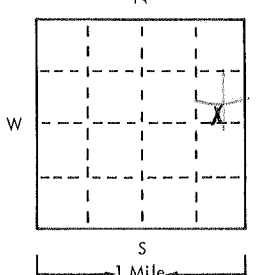
LUCERNE

WATER WELL RECORD
KSA 82a-1201-1215

ADC

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 Sheridan	Township name Bow Creek	Fraction SW-SE 1/4 NE 1/4	Section number 4	Town number 7	Range number 26
Distance and direction from nearest town or city: 1 1/8 west 1 1/2 south Street address of well location if in city: Lucern, Kansas			3 Owner of well: Mable Treu Address: Studley, Kansas			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 208 ft. Date of completion 3-8-75 Well diameter 20 in.
2 Type and color of material			From	To	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	
Top soil			0	90	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	
Sandy clay, sandstone			90	95	7 Casing: Material steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 12 3/4 Weight 33 lbs./ft. 1 0 in. to 208 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fine sand, sandy clay red			95	98	8 Screen: Manufacturer W. A. Brown Type Luver Dia. 12 3/4 Slot/gauze 7 - 1/8 Length 60 Set between 1 1/8 ft. and 208 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 x 5/8	
Sandy clay			98	104	9 Static water level: 93 ft. 111 ft. below land surface Date 2-5-75	
Fine sand, med. gravel, sandy clay			104	106	10 Pumping level below land surfaces: 205 ft. after 8 hrs. pumping 700 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 700 g.p.m.	
Med. gravel, sandy clay red			106	117	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Fine sand, med. gravel, gravel, rock			117	121	12 Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade	
Fine sand, med. gravel, sandy clay, rock red			121	127	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.	
Clay, sandy clay, rock			127	131	14 Nearest source of possible contamination: ft. _____ Direction _____ Type None Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Clay, med. gravel, sandy clay red			131	140	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Goulds Model number 8x16 1/2 HP 80 Volts _____ Length of drop pipe 200 ft. capacity 700 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	
Fine sand, Sandy clay, rock, sandstone			140	155	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. Blue Jay Drilling Co., Inc. 211 Business name _____ License No. _____ Address Colby, Kansas Signed Marilyn Rall Date 3-15-75 Authorized representative	
Fine sand, sandy clay, red			155	169		
Fine sand, sandy clay, rock			169	174		
Fine sand, sandy clay, sandstone			174	201		
Sandy clay, Fine sand			201	207		
Ochre, shale (use a second sheet if needed)			207	215		
16 Remarks: elevation BROCK 207' 2592 (TOPO)						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5