

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

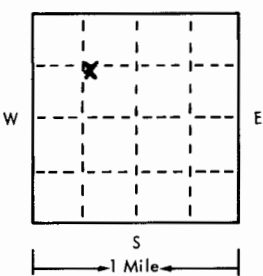
Colby

733 W 17 C NW
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

BDB BCA

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

1 Location of well:	County THOMAS	Township name N 1/2 E 1/4	Fraction NW 1/4	Section number 17	Town number 7	Range number 33	
Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Max Embree Address: Colby, Ks.				
Locate with "X" in section below: <div style="text-align: center;">N  S 1 Mile</div>			Sketch map:			4 Well depth: 227 ft. Date of completion 7-6-75 Well diameter 28 in.	
2 Type and color of material			From		To		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 checked="" type="checkbox"/> Reverse rotary
							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 <input type="checkbox"/>
Sandy Clay, Trace Med Gravel, Streak sandstone			120		123		7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 12 1/2 in. to 227 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
Sandstone, Med Gravel, Fine Sand, Sandy clay			123		131		8 Screen: Manufacturer Johnson Type Slot Dia. 1 23/4 Slot/gauze 100 Length 10' Set between 217 ft. and 227 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
Sand Stone, Trace Med Gravel Streak Sand clay			131		140		9 Static water level: 133 ft. below land surface Date 7-6-75
Med Gravel, Fine Sand, Streak Sandstone			140		150		10 Pumping level below land surfaces: 130 ft. after 8 hrs. pumping 850 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
Sandstone, Med Gravel, Fine sand			150		154		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Sandy Clay, Stk Sandstone, Med Gravel			154		158		12 Well head completion: None <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
Med Gravel, Fine Sand, Stk Sandstone			158		170		13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
Med Gravel, Fine Sand (brown)			170		174		14 Nearest source of possible contamination: ft. _____ Direction None Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Med Gravel, Fine Sand (brown)			174		184		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Simmons Model number _____ HP 60 Volts _____ Length of drop pipe _____ ft. capacity 400 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
Med Gravel, Sandstone (brown white)			184		186		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. Red Tiger Irrigation 125A Business name _____ License No. _____ Address Colby, Ks. 67701 Signed Deane H. Harn Date 10-15-75 Authorized representative
Hard Sandstone (white)			186		190		
Stk Sandy Clay, Trace Sandstone, Rock			190		202		
Stk Sandstone, Med Gravel, Fine Sand			202		222		
Ochrea, Shale (yellow Blue)			222		227		
BROCK 222							
(use a second sheet if needed)							
16 Remarks: elevation 3176 (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