

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

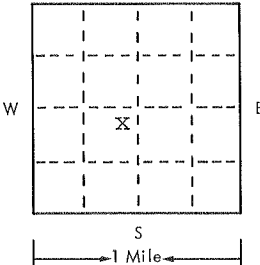
LEVANT

WATER WELL RECORD  
KSA 82a-1201-1215

CAA

2  
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<br>Thomas | Township name<br>Rovoh1 | Fraction<br>NE 1/4 SW 1/4 | Section number<br>#17   | Town number<br>T 7 S | Range number<br>R 34 W |     |  |
| Distance and direction from nearest town or city: 4 miles West & 6 miles North & 3/4 mile West from Colby, ks.<br>Street address of well location if in city:   |                  |                         |                           | 3 Owner of well: Kenneth Crampton<br>Address: Levant, Ks. 67743   |                      |                        |     |  |
| Locate with "X" in section below:<br>N<br><br>S<br>1 Mile  |                  | Sketch map:             |                           | 4 Well depth: 156 ft. Date of completion 7-26-75<br>Well diameter 28 in.  |                      |                        |     |  |
| 2 Type and color of material  |                  |                         |                           | From  | To                   |                        |     |  |
|   |                  |                         |                           | Top Soil  |                      | 0                      | 6   |  |
|   |                  |                         |                           | Clay & sand streaks   |                      | 6                      | 45  |  |
|   |                  |                         |                           | Medium to coarse sand & gravel  |                      | 45                     | 62  |  |
|   |                  |                         |                           | Clay  |                      | 62                     | 67  |  |
|   |                  |                         |                           | Fine to medium sand   |                      | 67                     | 69  |  |
|   |                  |                         |                           | Clay & sand stone streaks   |                      | 69                     | 73  |  |
|   |                  |                         |                           | Fine to coarse sand   |                      | 73                     | 95  |  |
|   |                  |                         |                           | Medium to coarse sand & gravel & clay   |                      | 95                     | 111 |  |
|   |                  |                         |                           | Sandstone & sand streaks  |                      | 111                    | 121 |  |
| Clay  |                  | 121                     | 124                       |   |                      |                        |     |  |
| Medium to coarse sand & gravel  |                  | 124                     | 139                       |   |                      |                        |     |  |
| Coarse sand & gravel  |                  | 139                     | 156                       |   |                      |                        |     |  |
| (use a second sheet if needed)  |                  |                         |                           | 8 Screen:<br>Manufacturer W. A. Brown<br>Type bridge Dia. 16"<br>Slot/gauze 1/8 Length 2"<br>Set between 86 ft. and 146 ft.<br>Fittings: 10' of Cook=156'<br>Gravel pack Yes No Size range of material 1/4 x 5/8  |                      |                        |     |  |
| 16 Remarks: elevation<br>3160 (Topo)<br>Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |                  |                         |                           | 9 Static water level:<br>28 ft. below land surface Date 7-28-75   |                      |                        |     |  |
|   |                  |                         |                           | 10 Pumping level below land surfaces:<br>140 ft. after 2 hrs. pumping 1100 g.p.m.<br>ft. after hrs. pumping g.p.m.<br>Estimated maximum yield 1100 g.p.m.   |                      |                        |     |  |
| 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br>Western Well & Pump, Inc. 245<br>Business name License No.<br>Address P.O. Box 852, Colby, Ks.<br>Signed Roy F. Demas Date 6-23-75<br>Authorized representative |                  |                         |                           | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date  |                      |                        |     |  |
|   |                  |                         |                           | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter 127 Inches above grade   |                      |                        |     |  |
| 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> clay<br>Depth: From 0 ft. to 10 ft.  |                  |                         |                           | 14 Nearest source of possible contamination:<br>ft. 800 Direction Northeast Type Barn yard<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                      |                        |     |  |
|   |                  |                         |                           | 15 Pump:<br><input type="checkbox"/> Not installed<br>Manufacturer's name<br>Model number HP Volts<br>Length of drop pipe ft. capacity g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                      |                        |     |  |

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

Form WWC-5