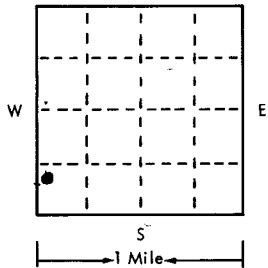


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

R 24 E **SSW 17**
T R EW sec 1/4 1/4 No.

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

1 Location of well:	County Graham	Township name Solomon	Fraction S 1/2 SW 1/4	Section number 17	Town number 8	Range number 24	
Distance and direction from nearest town or city: 2 mi. East;			3 Owner of well: Jerome Rome				
Street address of well location if in city: 1/4 N of Morland			Address: Morland, Ks. 67650				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 31 ft. Date of completion 10-28 Well diameter _____ in.	
2			Type and color of material		From	To	
			Clay		0	7	
			Sand		7	17	
			Blue mud		17	29	
Shale		29	31				
							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
							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
							7 Casing: Material Styrene above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
							8 Screen: Manufacturer Cermac Type Styrene Dia. _____ Slot/gauze _____ Length 10' Set between 21 ft. and 31 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 20
							9 Static water level: 12 ft. below land surface Date 10-23
							10 Pumping level below land surfaces: _____ 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 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.
							14 Nearest source of possible contamination: ft. 600 Direction North Type River Well disinfected upon completion? <input checked="" 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							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. Buck's Water Well 290 Business name _____ License No. _____ Address Morland Ks Signed Cerral Johnson Date 10/29/82 Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 8 R 24 W Sec. 17 S/2 SW/4

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

Form WWC-5