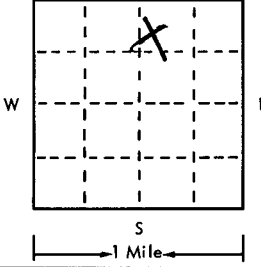


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 <u>Pottawatomie</u>	Township name <u>Blue</u>	Fraction <u>TRACT. NE 1/4</u>	Section number <u>17</u>	Town number <u>10</u>	Range number <u>8 E</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>RAY STEPHENSON</u>		
Street address of well location if in city:				Address: <u>St. Geo., Kans.</u>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>50</u> ft. Date of completion _____ Well diameter <u>10</u> in. <u>2-18-75</u>		
2 Type and color of material		From		To		
		<u>TOP SOIL</u>		<u>0</u>		<u>5</u>
		<u>YELLOW CLAY</u>		<u>5</u>		<u>18</u>
		<u>FINE SAND</u>		<u>18</u>		<u>37</u>
<u>COARSE SAND - GRAVEL</u>		<u>37</u>		<u>50</u>		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 <input type="checkbox"/>		
				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. Weight <u>2.33</u> lbs./ft. <u>6</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>.025</u> Length <u>6'</u> Set between <u>44</u> ft. and <u>50</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>#3</u>		
				9 Static water level: <u>NOT MEASURED</u> _____ ft. below land surface Date _____		
				10 Pumping level below land surfaces: <u>Air Test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>24</u> 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 <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>EAST</u> Type <u>SEPTIC TANK</u> 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 <u>1010</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				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. <u>Strader Drilling Co. INC. 182</u> Business name License No. Address <u>RR-1-HY. 75 N HO-HON, KANS</u> Signed <u>Dale Holton</u> Date <u>2-22-75</u> Authorized representative		