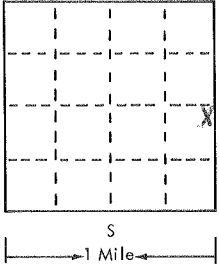


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Leary</i>	Township name	Fraction <i>9/32</i> <i>8 SE 1/4</i>	Section number <i>25</i>	Town number <i>12</i>	Range number <i>6 E of 6 PM</i>		
Distance and direction from nearest town or city: <i>7 mi SE of Junction City on S. 7 Hwy on road to Dwight Kane</i>			3 Owner of well: <i>Norman Dikken</i> Address: <i>RR 4 Box 73 Junction City Kans</i>					
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:		4 Well depth: <i>39</i> ft. Date of completion <i>3-24-76</i> Well diameter: <i>10</i> in.			
2 Type and color of material			From	To	5 <input checked="" 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 type="checkbox"/> Reverse rotary			
			<i>top soil</i>		<i>0</i>	<i>15</i>	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"/>	
			<i>EAUX CLAY</i>		<i>15</i>	<i>18</i>	7 Casing: Material <i>steel</i> Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <i>14</i> in. Diam. <i>7 1/2</i> Weight <i>20</i> lbs./ft. <i>7</i> in. to <i>35</i> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>19</i> in. to <i>39</i> ft. depth	
			<i>GRAVEL</i>		<i>18</i>	<i>24</i>	8 Screen: Manufacturer <i>Pumped</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>0.40</i> Length <i>20</i> Set between <i>19</i> ft. and <i>39</i> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
			<i>BLUE SHALE</i>		<i>24</i>	<i>49</i>	9 Static water level: ____ ft. below land surface Date <i>3-24-76</i>	
			<i>RED SHALE</i>		<i>49</i>	<i>52</i>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>30</i> g.p.m.	
			<i>BLUE SHALE</i>		<i>52</i>	<i>39</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
							12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade <i>NA</i>	
							13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <i>Concrete</i> Depth: From <i>3</i> ft. to <i>13</i> ft.	
							14 Nearest source of possible contamination: ft. <i>200</i> Direction <i>WEST</i> Type <i>egg lot</i> Well disinfected upon completion? <input 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. <i>Strader Drilling Co 237</i> Business name <i>Blue Ridge's</i> License No. _____ Address _____ Signed <i>Harold Strader</i> Date <i>3-24-76</i> Authorized representative					