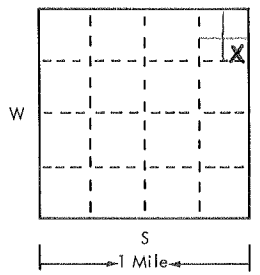


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Dickinson</i>	Township name <i>Grant</i>	Fraction <i>SE 1/4 NE 1/4 NE 1/4</i>	Section number <i>7</i>	Town number <i>T13S</i>	Range number <i>R2E</i>
Distance and direction from nearest town or city: <i>1 mile west, 3/4 mile North</i>			3 Owner of well: <i>Williard Johnson</i> Address: <i>RR 4, Abilene, Kan.</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>MAAD</i>			4 Well depth: <i>51</i> ft. Date of completion <i>5-19-75</i> Well diameter <i>10</i> in.
2 Type and color of material			From		To	
			<i>Blow Sand</i>		<i>0 30</i>	
			<i>Sandy Yellow Shale</i>		<i>30 35</i>	
			<i>Sand Stone</i>		<i>35 37</i>	
			<i>Lime-Grey</i>		<i>37 40</i>	
			<i>Shale - Blue</i>		<i>40 45</i>	
			<i>Lime-Grey</i>		<i>45 51</i>	
(use a second sheet if needed)			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 checked="" type="checkbox"/> <i>Private Home</i>		7 Casing: Material <i>Styrene</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>16</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>5</i> in. to <i>34</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
			8 Screen: Manufacturer <i>Sunflower</i> Type <i>Styrene</i> Dia. <i>5"</i> Slot/gauze <i>1/16</i> Length <i>16'</i> Set between <i>35</i> ft. and <i>51</i> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>8-1/4</i>			
			9 Static water level: <i>35</i> ft. below land surface Date <i>5-19-75</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>15</i> 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 <i>16"</i>			
			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 <i>30</i> ft. to <i>10</i> ft. <i>13 ft</i>			
			14 Nearest source of possible contamination: ft. <i>100'</i> Direction <i>Down hill</i> Type <i>Septic</i> 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 <i>1. Slab to be installed by owner</i> <i>2. Old well to be plugged by owner, if abandoned</i>			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>Zinn Water Well Drilling 218</i> Business name _____ License No. _____ Address <i>Lost Springs, Kan</i> Signed <i>Joseph A. Zinn</i> Date <i>24 May 75</i> Authorized representative