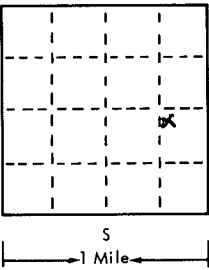


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

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

1 Location of well:	County <b>DICKINSON</b>	Township name	Fraction <b>SE 1/4</b>	Section number <b>22</b>	Town number <b>13</b>	Range number <b>2 E</b>
Distance and direction from nearest town or city: Street address of well location if in city: <b>1 E Abilene</b>			3 Owner of well: <b>Case Farm</b> Address: <b>Abilene, Kans</b>			
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		4 Well depth: <b>52</b> ft. Date of completion <b>1-22-75</b> Well diameter <b>5</b> in.	
2 Type and color of material			From		To	
			<b>clay</b>		<b>0 17</b>	
			<b>Sand-Gravel</b>		<b>17 52</b>	
			<b>shale</b>		<b>52 55</b>	
(use a second sheet if needed)			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 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 checked="" type="checkbox"/> Test well <input type="checkbox"/>	
			7 Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ 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 _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: _____ Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
			9 Static water level: _____ ft. below land surface Date _____		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>1-23-75</b>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <b>cuttings</b> Depth: From _____ ft. to _____ ft.		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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  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. <b>Kelly's Water &amp; Well Serv 186</b> Business name _____ License No. _____ Address <b>R 2 Grand Bend</b> Signed <b>Kelly Price</b> Date <b>1-28-75</b> Authorized representative			