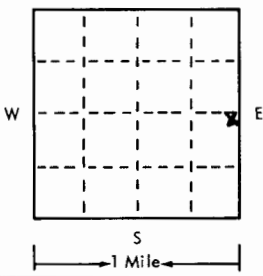


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 DICKINSON	Township name	Fraction SE 1/4	Section number 22	Town number 13	Range number 2E
Distance and direction from nearest town or city: 1 E, Abilene			3 Owner of well: Case FAYM Abilene, Kans			
Street address of well location if in city:			Address: Abilene, Kans			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 53 ft. Date of completion 1-22-75 Well diameter 5 in.
			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
			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			
2			Type and color of material		From	To
			Clay		0	25
			Sand - Gravel		25	48
			Shale		48	53
			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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> CUTTINGS Depth: From 0 ft. to 53 ft.			
			14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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. Kelly's Water Well Serv 186 Business name _____ License No. _____ Address R 2 Great Bend Signed Kelly Davis Date 1-28-75 Authorized representative			
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			