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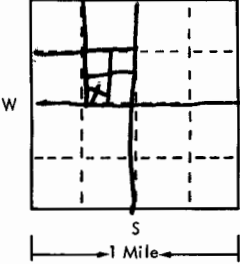
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

*SWSENW*

1 Location of well:	County <b>MIAMI</b>	Township name	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>26</b>	Town number <b>T165</b>	Range number <b>R21E</b>	
Distance and direction from nearest town or city: <b>14 MI. E DNK. 68</b>			3 Owner of well: <b>BYRNS STEPHENTS</b>				
Street address of well location if in city:			Address: <b>R.R. 1 WELLSVILLE KANSAS</b>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <b>OTTAWA KAN 14 MI E X K 68</b>			4 Well depth: <b>100</b> ft. Date of completion <b>8-2-75</b> Well diameter <b>6 1/4</b> 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		
			SOIL	0	1	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"/>	
			LIME	1	8	7 Casing: Material <b>PVC</b> Height: above/below Threaded <input type="checkbox"/> <b>Galley</b> Surface <b>24</b> in. Diam. <b>6</b> in. to <b>22</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>5</b> in. to <b>100</b> ft. depth!	
			Sanded Grey SHALE	8	37	8 Screen: Manufacturer <b>AT CROWNLINE</b> Type <b>P.V.C.</b> Dia. <b>5</b> Slot/gauze <b>1/4</b> Length <b>20</b> Set between <b>40</b> ft. and <b>80</b> ft. <b>100</b> Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____	
			LIME	37	54	9 Static water level: <b>20</b> ft. below land surface Date <b>8-2-75</b>	
			Sanded Grey SHALE	54	100	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>POOR</b> g.p.m.	
(use a second sheet if needed)					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
					12 Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> 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 <b>0</b> ft. to <b>20</b> ft.		
					14 Nearest source of possible contamination: ft. _____ Direction <b>NONE</b> Type _____ 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 <b>980'</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			This is a very low yielding well			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>EDGAR SWANK 124</b> Business name _____ License No. _____ Address <b>R4 OTTAWA KAN</b> Signed <b>Edgar Swank</b> Date <b>8-23-75</b> Authorized representative	

Lot 42

PSE 180 10-78