

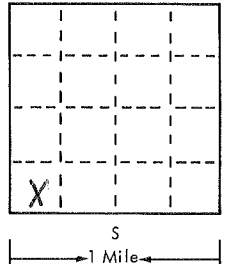
AP 11 030

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 <b>LYON</b>	Township name	Fraction <b>SWSW</b>	Section number <b>15</b>	Town number <b>T17S</b>	Range number <b>R10E</b>
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <b>MR. HORTON</b> Address: <b>KANSAS CITY, KS OR MISSOURI</b>		
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
2 Type and color of material				4 Well depth: <b>91</b> ft. Date of completion <b>Aug 5-74</b> Well diameter <b>9</b> in.		
Limestone, rk				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		
Limestone, yellow				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"/> <b>HUMAN</b>		
shale, blue				7 Casing: Material <b>Styrene</b> Height: <b>above</b> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5"</b> Weight <b>---</b> lbs./ft. <b>---</b> <b>0</b> in. to <b>60</b> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>---</b> in. to <b>---</b> ft. depth!		
shale, gray				8 Screen: <b>Sean + Lowell</b> Manufacturer <b>Sean + Lowell</b> Type <b>Styrene</b> Dia. <b>5 in</b> <b>Slot/gauze</b> <b>---</b> Length <b>30 ft</b> Set between <b>60</b> ft. and <b>90</b> ft. <b>---</b> Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <b>---</b>		
shale, blue				9 Static water level: <b>not measured.</b> <b>50</b> ft. below land surface Date <b>7-5-74</b>		
shale, Gray				10 Pumping level below land surfaces: <b>---</b> ft. after <b>NA</b> hrs. pumping <b>---</b> g.p.m. <b>---</b> ft. after <b>---</b> hrs. pumping <b>---</b> g.p.m. Estimated maximum yield <b>10</b> g.p.m.		
shale, light gray				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>---</b>		
shale, blue				12 Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
Total Depth 90 feet.				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>concrete</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite Depth: From <b>0</b> ft. to <b>15</b> ft.		
				14 Nearest source of possible contamination: <b>BARN</b> ft. <b>100</b> Direction <b>SE</b> Type <b>yard</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>---</b> Model number <b>---</b> HP <b>---</b> Volts <b>---</b> Length of drop pipe <b>---</b> ft. capacity <b>---</b> 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>Pump and s/pab provided by customer.</b> Topography: <b>flat</b> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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>---</b> License No. <b>156</b> Business name <b>---</b> Address <b>13 South Bellvue St</b> Signed <b>---</b> Date <b>Dec 9-74</b> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.