

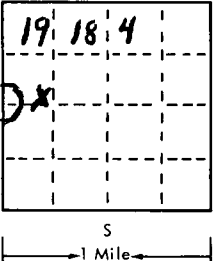
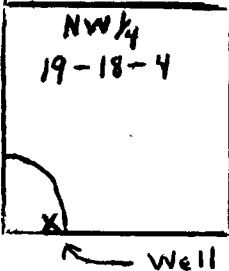
USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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

SE 1/4 SW 1/4

1 Location of well:	County Marion	Township name Clear Creek	Fraction Part of NW 1/4	Section number 19	Town number 18	Range number 4E
Distance and direction from nearest town or city: Pilsen, Kansas			3 Owner of well: Eugene Konecny			
Street address of well location if in city: No Street Address			Address: Lincolville, Kansas			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: 70 ft. Date of completion: 3-14-75 Well diameter: 6 in. 7 1/2		
2 Type and color of material		From		To		5 <input checked="" 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 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"/>
yellow Soil		14		50 51		7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 6 in. to 70 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 6 in. to 70 ft. depth
						8 Screen: Manufacturer Certain-Teed Type PVC Dio. 3/8" <input checked="" type="checkbox"/> gauze Perforated Length 25 ft. Set between 75 ft. and 70 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material —
Rock		51		70		9 Static water level: measured 50 ft. below land surface Date 3-14-75
						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.
Water Bearing Sand + Gravel						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
						12 Well head completion: 12" capped <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 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 0 ft. to 12 ft.
						14 Nearest source of possible contamination: Septic 50 ft. North Direction North 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 Unknown
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. Benda Drilling 161 Business name License No. ____ Address Lincolville, Kansas Signed Paul W. Benda Date 3-24-75 Authorized representative
						(use a second sheet if needed)

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

Form WWC-5