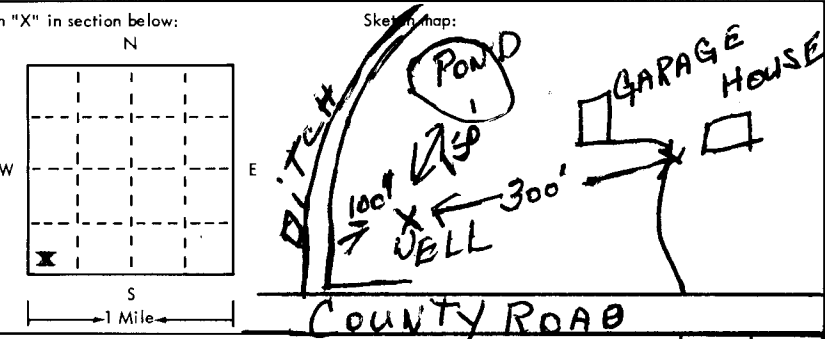


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Coffey	Township name Plesent	Fraction SW$\frac{1}{2}$ SW$\frac{1}{4}$	Section number 24	Town number 21	Range number 14
Distance and direction from nearest town or city: 3 3/4 West of Burlington on Hartford blacktop Street address of well location if in city:				3 Owner of well: Thomas Pendlay R.R. Burlington, Kansas Address:		
Locate with "X" in section below: 				4 Well depth: 70 ft. Date of completion 8/19/75 Well diameter 6 1/2 in.		
2 Type and color of material				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		
				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"/>		
				7 Casing: Material 7 1/4 Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 50 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 70 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufactured Jess & Lowell Type Plastic Dia. 5" Slot/gauze 1/4 holes Length 10' Set between 20 ft. and 30 ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____		
				9 Static water level: 6 ft. below land surface Date 8/19/75		
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 2 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 12 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 20 ft. to 0 ft.		
				14 Nearest source of possible contamination: ft. 25 Direction West Type Pond 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 Land slopes to the west and to the north the customer is going to fill in around the well Topography: about 3Ft deep and slope it even more than <input type="checkbox"/> Hill it is. <input checked="" 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. Swank Water Well Drilling Business name _____ License No. 107 Address R.R. 1 Princeton, Kansas Signed George Swank Date 9/5/75 Authorized representative		

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

Form WWC-5