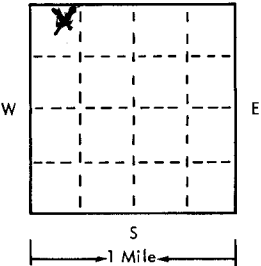


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 COFFEE	Township name	Fraction N 1/2 NW 1/4	Section number 35	Town number 21	Range number 15
Distance and direction from nearest town or city: BURLINGTON APP 1/2 MILE SOUTH				3 Owner of well: LAWRENCE STRANDER Address: BURLINGTON KANSAS		
Locate with "X" in section below: 				4 Well depth: 30 ft. Date of completion: 5-24-75 Well diameter 6 in. 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 STEEL Height: above 18" Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18" in. Diam. 6 in. to 23 ft. depth Weight 19 lbs./ft. 5 in. to 30 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8 Screen: Manufacturer FIELD Type PVC Dia. 5" Slot/gauze _____ Length 11' Set between 19' ft. and 30' ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____ 9 Static water level: 9 ft. below land surface Date 5-24-75 10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after 1 hrs. pumping 9 g.p.m. Estimated maximum yield 9 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 checked="" type="checkbox"/> 18" 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 18' ft. 14 Nearest source of possible contamination: ft. 300 Direction N Type AIVEN 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.p.m. 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley (use a second sheet if needed) 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. TELEMAN BAOS 119 Business name _____ License No. _____ Address CADDO PALE Signed [Signature] Date 5-22-75 Authorized representative		

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

Form WWC-5