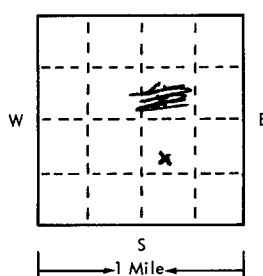


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

30 6E 8 SW 1/4 SE
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

1 Location of well:	County Cowley	Township name Omnia	Fraction SW 1/4 3E 4	Section number 8	Town number T 30S	Range number 6E
Distance and direction from nearest town or city: 1W - 1 1/8 N - ATLANTA				3 Owner of well: C.M. FASSNACHT		
Street address of well location if in city: ATLANTA				Address: ATLANTA		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: Hill Slope House Well Drive W Ay Sted Barn		4 Well depth: 100 ft. Date of completion 11-9-75 Well diameter 8 in.		
2 Type and color of material Well was cleaned to orig. depth. - No change made in casing or grout etc. Original casing was set in lime formation at 17' depth. Well is used only for livestock water		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 checked="" type="checkbox"/> Stock		
		7 Casing: Material IRON Height: above /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 8 in. to 18 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 8 in. to 8 ft. depth		8 Screen: Manufacturer None Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
		9 Static water level: 45 ft. below land surface Date 11-8-75		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 1/2 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 <input type="checkbox"/> Inches above grade		
		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		14 Nearest source of possible contamination: ft. 100 Direction W Type Septic Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Windmill pump Model number 1 pump jack 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 Topography: <input type="checkbox"/> Hill <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. Barley Drilling 209 Business name _____ License No. _____ Address Burden, Mo. Signed Donald Barley Date 11-26-75 Authorized representative				

30 6E 8 SW 1/4 SE