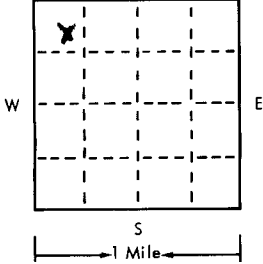


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County Cowley	Township name Salen	Fraction NE 1/4 NW 1/4	Section number 33	Town number 31 S	Range number 5 E		
Distance and direction from nearest town or city: Street address of well location if in city: New Salem, Kansas in town			3 Owner of well: W.C. White Address: New Salem, Kansas					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 100 ft. Date of completion 10-5-75 Well diameter 10 in.		
2 Type and color of material			From		To			
			Top soil & clay		0		10'	
			soft shale		10'		22'	
			Cream colored lime stone		22'		35'	
			Blue shale		35'		85'	
			Limestone		85'		100'	
(use a second sheet if needed)			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 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 RMP Height: <input checked="" type="checkbox"/> above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 14 in. Diam. 10 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10 in. to 100 ft. depth					
			8 Screen: Manufacturer Sunflower Type RMP Dia. 10 in. Slot/gauze 1/8" Length 20' Set between 80 ft. and 100 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 5/8					
			9 Static water level: 40 ft. below land surface Date 10-1-75					
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 12 g.p.m.					
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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 25 ft.					
			14 Nearest source of possible contamination: ft. 75 Direction west Type septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			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					
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. <i>Eastman Drilling #299</i> Business name Box 115 License No. _____ Address _____ Signed <i>Del Estman</i> Date 10-30-75 Authorized representative								

31 SE 33 NE NW NW

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