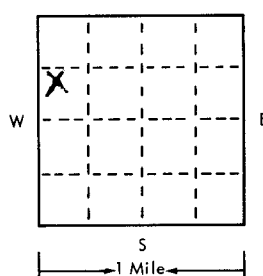


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Silvercreek	Fraction NW1/4 SW1/4	Section number 3	Town number T 31 S	Range number R 6 E
Distance and direction from nearest town or city: 3 1/2 mile South of Atlanta			3 Owner of well: Norman Krug			
Street address of well location if in city: Atlanta			Address: Atlanta, Kansas			
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <u>70</u> ft. Date of completion <u>4-19-75</u> Well diameter <u>10</u> in.		
2 Type and color of material		From		To		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"/>
Top Soil		top		15'		7 Casing: Material <u>styrine</u> : <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input type="checkbox"/> <u>RMP</u> <input type="checkbox"/> Surface <u>24</u> in. Dia. <u>6</u> in. to <u>50</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Weight <u>155</u> lbs./ft. <u>100</u>
						8 Screen: Manufacturer <u>Perforated styrene</u> Type <u>RMP</u> Dia. <u>6</u> in. <u>Slot</u> gauze <u>1/8</u> Length <u>20</u> Set between <u>50</u> ft. and <u>70</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u> </u>
Cream colored limestone		15'		27'		9 Static water level: <u>25</u> ft. below land surface Date <u>4-19-75</u>
Blue schale		27'		35'		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.
Flint gravel - 1 in. in size to 1 1/2 in.		48'		58'		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
Red clay		35'		48'		12 Well head completion: <u>Not completed</u> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
schale - blue grey		58'		63'		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 <u>surface</u> <u>18</u> ft.
cream-colored limestone		63'		70'		14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>North</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(use a second sheet if needed)						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. <u>Eastman Osilling 299</u> Business name _____ License No. _____ Address <u>1025 12th W. Field Lane</u> Signed <u>W.L. Eastman</u> Date <u>4-29-75</u> Authorized representative
16 Remarks: elevation						
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5