

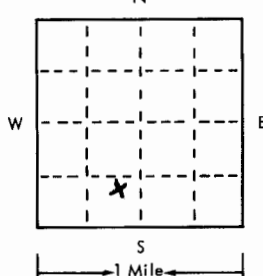
12

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 <i>Washington</i>	Township name <i>Little Blue</i>	Fraction <i>SW 1/4</i>	Section number <i>20</i>	Town number <i>3</i>	Range number <i>5</i>
Distance and direction from nearest town or city: <i>4 mi N. 1 mi W.</i>				3 Owner of well: <i>Earl Reinin</i>			
Street address of well location if in city: <i>BARNES KS.</i>				Address: <i>Barnes Kans</i>			
Locote with "X" in section below: N W E S 1 Mile				4 Well depth: <i>70</i> ft. Date of completion _____ Well diameter <i>6</i> in.			
Sketch map: 				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			
2 Type and color of material				7 Casing: Material <i>Plastic</i> Height: <i>above/below</i> <i>Steel casing</i> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight <i>250</i> lbs./ft. 5 in. to <i>21</i> ft. depth! Drive shoe? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Steel casing = 6 1/2 in. to 61 ft. depth! at bottom end</i>			
				8 Screen: Manufacturer <i>Pump Co.</i> Type <i>RMP</i> Dia. <i>5"</i> Slot/gauze <i>30</i> Length _____ Set between <i>66</i> ft. and <i>67</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/6 X 1/8</i>			
GREY Top Soil				9 Static water level: <i>45</i> ft. below land surface Date <i>apr 3 - 1975</i>			
YELLOW CLAY				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>30</i> g.p.m. <i>Bailer test</i>			
RED CLAY				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
YELLOW Rock				12 Well head completion: <i>N/A</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
YELLOW CLAY				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> _____ Depth: From <i>25</i> ft. to <i>12</i> ft.			
RED CLAY				14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
YELLOW CLAY				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			
Rock & WATER				16 Remarks: elevation <i>1222</i> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. <i>937</i> Business name <i>Strader Drilling Co</i> License No. _____ Address <i>Blue Rapids KS</i> Signed _____ date <i>April 75</i> Authorized representative			

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

Harold Strader Form WWC-5