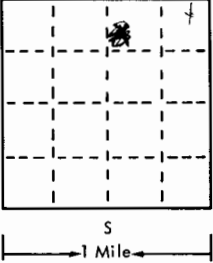
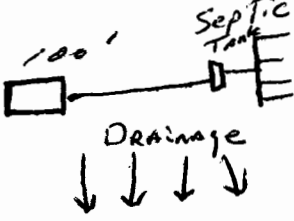


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

AAB
WATER WELL RECORD
KSA 82a-1201-1215
NWNE 17

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 NEMAHA | Township name | Fraction NE 1/4 | Section number 18 | Town number 5 S | Range number 13 E | | |
| Distance and direction from nearest town or city: 3 W - 2 S | | | | 3 Owner of well: PATRICE BRADEN | | | | |
| Street address of well location if in city: Gott, KS. | | | | Address: RFD 1 Gott, KS. | | | | |
| Locate with "X" in section below: N  W S 1 Mile | | | Sketch map:  | | | 4 Well depth: 135 ft. Date of completion 12-11-75 Well diameter 10 in. | | |
| 2 Type and color of material | | | From | To | 5 <input type="checkbox"/> Cable tool <input checked="" 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 | | | |
| | | | Top Soil | | 0 | 5 | 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"/> | |
| | | | Blue Clay | | 5 | 30 | 7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2 1/2 in. Diam. Weight 2.33 lbs./ft. 5 in. to 135 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | Fine Sand | | 50 | 52 | 8 Screen: Manufacturer Pump Co Type PVC Dia. 5" Slot/ 1.080 Length 20 Set between 115 ft. and 125 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 x 1/8 | |
| | | | Blue Clay | | 52 | 110 | 9 Static water level: 60 ft. below land surface Date 12-11-75 | |
| | | | Blue Shale | | 110 | 120 | 10 Pumping level below land surfaces: AIR TEST ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 g.p.m. | |
| | | | Yellow Limestone | | 120 | 122 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | |
| | | | Blue Shale | | 122 | 135 | 12 Well head completion: CAPPED <input 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 10 ft. | |
| | | | | | | | 14 Nearest source of possible contamination: ft. 100 Direction E Type S. Tank 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.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 1330 - 1325 - 1330 Topography: Owner to install slab <input checked="" type="checkbox"/> Hill <input 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. STRODER DRILLING CO INC 182 Business name License No. Address RT 1 HOLTEN, KS Signed Dale Rubin Date 12-12-75 Authorized representative | | | | |

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

Form WWC-5