

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

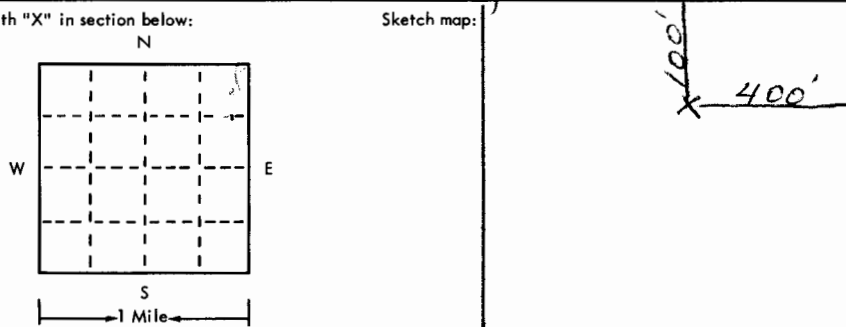
WATER WELL RECORD
KSA 82a-1201-1215

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

NE NE NE

aaa

1 Location of well:	County JACKSON	Township name NE TAWAKA	Fraction E 1/4 NE 1/4	Section number 12	Town number 55	Range number 15 E
Distance and direction from nearest town or city: Street address of well location if in city:	5 N.E. NE TAWAKA, KS.			3 Owner of well: JACK WILLIAMS Address: RFD 1 NE TAWAKA, KANSAS		
Locate with "X" in section below: N W E S 1 Mile	Sketch map: 			4 Well depth: 60 ft. Date of completion 8-14-75 Well diameter 8 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"/>
Red Clay				5	9	7 Casing: Material PVC Height: above/ land Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. Diam. Weight 2.33 lbs./ft. 5 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth!
Grey Clay				9	11	8 Screen: Manufacturer Pumpeo Type PVC Dia. _____ Slot/_____ 1.080 Length 10 Set between 50 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4x1/8
yellow Clay				11	20	9 Static water level: NOT MEASURED ___ ft. below land surface Date _____
yellow sandy clay				20	21	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 30 g.p.m.
Coarse sand + Gravel				21	25	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
Grey Clay				25	53	12 Well head completion: Capped <input type="checkbox"/> Pitless adapter 24 <input checked="" type="checkbox"/> Inches above grade
Coarse sand + Gravel				53	56	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.
Blue shale				56	60	14 Nearest source of possible contamination: ft. 600 Direction W Type S. Tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grey Limestone				60		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
(use a second sheet if needed)						16 Remarks: elevation 155+ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. STRADER DRILLING CO INC 182 Business name License No. Address RFD 1 Holton, Kansas Signed Rob Robinson Date 8-14-75 Authorized representative

5 15 E 12 SE NE NE