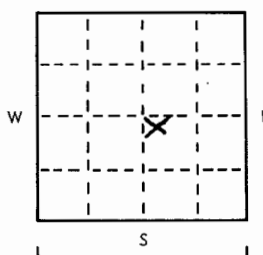
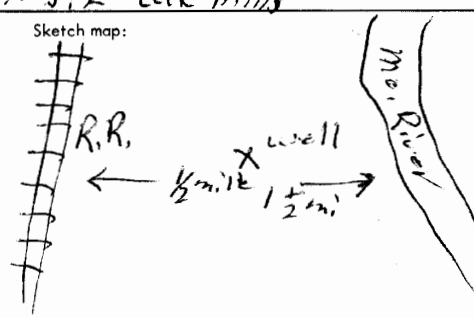


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <u>Atchison</u>	Township name	Fraction <u>NW 1/4</u> <u>NW 1/4-SE 1/4</u>	Section number <u>30</u>	Town number <u>9</u>	Range number <u>22 E</u>
Distance and direction from nearest town or city: <u>oak mills</u>			3 Owner of well: <u>Henry Pahl</u>			
Street address of well location if in city: <u>1/2 m. S. E oak mills</u>			Address: <u>Rt #1 Atchison, Ks. 66002</u>			
Locate with "X" in section below: 		Sketch map: 		4 Well depth: <u>83</u> ft. Date of completion <u>5-18-79</u> Well diameter <u>12</u> in.		
2		Type and color of material		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		
				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 checked="" type="checkbox"/> <u>Farm Supply well</u>		
				7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2 1/2</u> in. Diam. <u>5</u> in. to <u>83</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>258</u> in. to <u>258</u> ft. depth <u>WALL</u>		
				8 Screen: Manufacturer <u>Pumco</u> Type <u>P10</u> Dia. <u>5</u> <u>Slotted</u> gauze Length <u>7</u> Set between <u>74</u> ft. and <u>83</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>20</u>		
9 Static water level: <u>9</u> ft. below land surface Date <u>5-18-79</u>		10 Pumping level below land surfaces: <u>Air test</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		12 Well head completion: <u>Top Capel</u> <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 <u>5</u> ft. to <u>75</u> ft.		14 Nearest source of possible contamination: <u>Note #16</u> ____ ft. ____ Direction ____ Type ____ 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 <u>*14 - Installed in section of Mn. River Bottom.</u>				
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>Strader Delq Co Inc 182</u> Business name License No. Address <u>Rt 1 Holton, Ks</u> Signed <u>Walter Padman</u> Date <u>5-21-79</u> Authorized representative						

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

Form WWC-5