

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

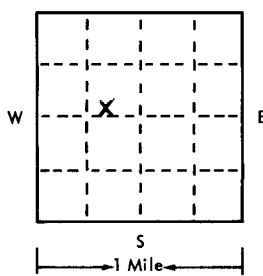
GRINELL 12

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

~~BAD~~ **BAD**

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Sheldahl	Township name	Fraction 3/4 NW 1/4 SE 1/4	Section number 11	Town number 10	Range number 29
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Don Schultz Address: Grainfield, Ks.		
Locate with "X" in section below: N  W X E S 1 Mile		Sketch map:		4 Well depth: 157 ft. Date of completion 9-17-75 Well diameter 28 in.		
2 Type and color of material				5 <input 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 checked="" type="checkbox"/> Reverse rotary		
				6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material Steel Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer Johnson Type _____ Dia. 12 3/4 Slot/gauze 100 Length 10 Set between 147 ft. and 157 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
				9 Static water level: 78 ft. below land surface Date 9-18-75		
				10 Pumping level below land surfaces: 145 ft. after 8 hrs. pumping 470 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 470 g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
				13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
				14 Nearest source of possible contamination: ft. _____ Direction None Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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.p.m. 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley 2805 (TOP) 2802		
				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. Red Tiger Irrigation 125 A Business name License No. _____ Address Colby, Ks 67701 Signed Donald [Signature] Date 9-18-75 Authorized representative		

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

Form WWC-5