

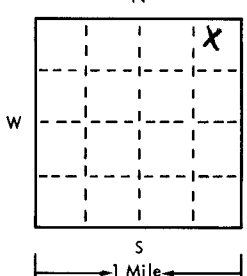
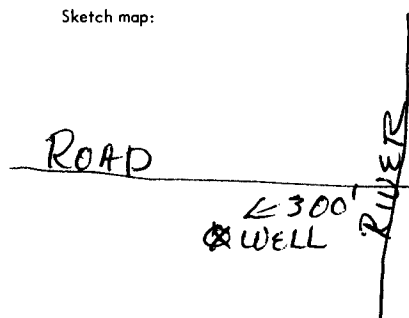
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

10 4 W 3 NE NE
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

NW 1/4 NE 1/4

1 Location of well:	County <u>OTTOWA</u>	Township name <u>GARFIELD</u>	Fraction <u>NE 1/4</u>	Section number <u>3</u>	Town number <u>T10 S</u>	Range number <u>R4 W</u>
Distance and direction from nearest town or city: <u>4 SOUTH OF DELPHOS</u>			3 Owner of well: <u>HERBERT CROSSON</u> Address: <u>MINNEAPOLIS, KANSAS</u>			
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: <u>40</u> ft. Date of completion <u>10/16/75</u> Well diameter <u>8</u> in.		
2 Type and color of material		From		To		
		<u>TOPSOIL</u>		<u>0</u>		<u>4</u>
<u>BROWN CLAY</u>		<u>4</u>		<u>15</u>		
<u>SANDY</u>		<u>15</u>		<u>18</u>		
<u>GRAVEL</u>		<u>18</u>		<u>33</u>		
<u>GRAY CLAY</u>		<u>33</u>		<u>40</u>		
<u>STOP</u>		<u>40</u>				
				8 Screen: Manufacturer <u>JESS & LOWELL</u> <u>PVC SAWN</u> Dia. <u>5"</u> Slot gauge <u>1/16"</u> Length <u>20'</u> Set between <u>40</u> ft. and <u>40</u> ft.		
				Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8" - 1/4"</u>		
				9 Static water level: <u>31</u> ft. below land surface Date <u>10/16/75</u>		
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping g.p.m. <u>110</u> ft. after <u>TEST</u> hrs. pumping g.p.m. Estimated maximum yield <u>6</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>EAST</u> Type <u>RIVER</u> 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>SLAB TO BE RUN BY CUSTOMER</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>GEO COX & SONS INC 258</u> Business name License No. _____ Address <u>CHIETON, KANSAS</u> Signed <u>[Signature]</u> Date <u>10/16/75</u> Authorized representative		

10
4 W
3 NW NE NE