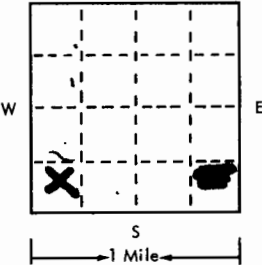


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

1116W16SW
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

1 Location of well:	County Ellis	Township name SALINA	Fraction SW 1/4-SW 1/4	Section number 16	Town number 11	Range number 16 W
Distance and direction from nearest town or city: 11 miles SW of Natoma Street address of well location if in city:				3 Owner of well: Bill Clair Address: Natoma, Kansas		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		
2				4 Well depth: <u>30</u> ft. Date of completion: <u>10/25</u> Well diameter <u>12</u> in.		
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		
Top soil and brown clay				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"/>		
Limestone and clay				7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>6'</u> # Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>30</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth		
Coarse gravel and sand				8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze <u>slots</u> Length <u>1/8x4"</u> Set between <u>13</u> ft. and <u>23</u> ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____		
Blue shale				9 Static water level: <u>10</u> ft. below land surface Date <u>10/24</u>		
				10 Pumping level below land surfaces: <u>20</u> ft. after <u>2</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ 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 checked="" type="checkbox"/> Pitless adapter <u>24</u> 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. _____ 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		
(use a second sheet if needed)						
16 Remarks: elevation <u>5'</u> Owner will run curb and put in well grade with pitless adapter				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. Rush Water Well Service 310 Business name _____ License No. _____ Address <u>Natoma, Kans.</u> Signed <u>[Signature]</u> Date <u>10/25/15</u> Authorized representative		

MS 91 M 91 11