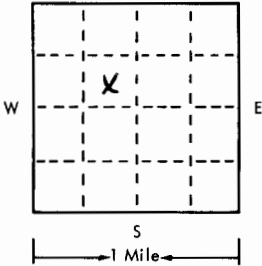


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Ottawa</b>	Township name	Fraction <b>SE NW NW</b>	Section number <b>32</b>	Town number <b>125</b>	Range number <b>1W</b>
Distance and direction from nearest town or city: Street address of well location if in city: <b>Niles Ks</b>			3 Owner of well: <b>C.A. Norton</b> Address: <b>Niles, Kans</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>56</b> ft. Date of completion <b>8-11-75</b> Well diameter <b>7</b> in.
2 Type and color of material			From		To	
			From		To	
Tertiary Alluvium:						
Clay, brown			0		26	
Gravel, fine to medium + sand			26		46	
Clay, dark gray			46		51	
Gravel fine to coarse + sand			51		56	
Wellington fm:						
Shale, yellow & gray			56		60	
(use a second sheet if needed)						
16 Remarks: elevation					8 Screen: Manufacturer <b>Skop</b> Type <b>RMP</b> Dia. <b>4"</b> Slot/gauze <b>1/16</b> Length <b>3'</b> Set between <b>53</b> ft. and <b>56</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>2-5mm</b>	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					9 Static water level: <b>25</b> ft. below land surface Date <b>8-11-75</b>	
					10 Pumping level below land surfaces: <b>35</b> ft. after <b>1/2</b> hrs. pumping <b>15</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>25</b> 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 <b>3</b> ft. to <b>13</b> 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	
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. <b>Nyabank Drilling 126</b> Business name License No. Address <b>Salina Ks</b> Signed <b>[Signature]</b> Date <b>9-10-75</b> Authorized representative						

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

Form WWC-5