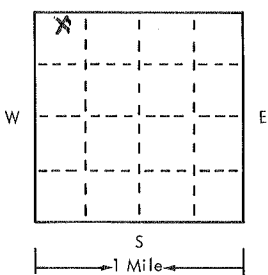


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>LINCOLN</u>	Township name	Fraction <u>NW NW</u>	Section number <u>14</u>	Town number <u>12</u>	Range number <u>10</u>		
Distance and direction from nearest town or city: <u>3/4 W</u>			3 Owner of well: <u>RYAN THOMAS MERT</u>					
Street address of well location if in city: <u>SYLVAN GROVE, KS</u>			Address: <u>SYLVAN GROVE, KS</u>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>65</u> ft. Date of completion <u>5-17-75</u> Well diameter <u>8</u> in.		
2 Type and color of material			From	To	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			
			<u>Top Soil - clay</u>		<u>0</u>	<u>30</u>	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	
			<u>Sandy clay</u>		<u>30</u>	<u>45</u>	7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>65</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!	
			<u>Sand</u>		<u>45</u>	<u>65</u>	8 Screen: Manufacturer: <u>MPI</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>15'</u> Set between <u>50</u> ft. and <u>65</u> ft. Fittings: <u>1/8 - 3/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
							9 Static water level: <u>35</u> ft. below land surface Date <u>5-17-75</u>	
							10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</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 <u>12"</u>	
							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>4</u> ft. to <u>14</u> ft.	
							14 Nearest source of possible contamination: <u>septic</u> ft. <u>E</u> Direction <u>80</u> Type <u>Tank</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.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			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>Kelly S. Water Well Serv 184</u> Business name _____ License No. _____ Address <u>R 2 Great Bend, KS</u> Signed <u>Kelly Mico</u> Date <u>5-30-75</u> Authorized representative					

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

Form WWC-5