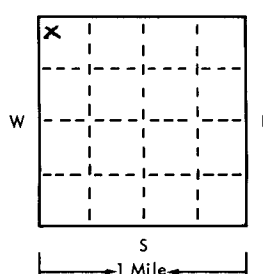


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Ottawa</u>	Township name	Fraction <u>NW 1/4</u>	Section number <u>2</u>	Town number <u>125</u>	Range number <u>3W</u>
Distance and direction from nearest town or city: <u>2 Mi W + 1 N of</u>			3 Owner of well: <u>Larry Nitsch</u>			
Street address of well location if in city: <u>Bennington Kans</u>			Address: <u>Bennington Kans</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>50</u> ft. Date of completion <u>3-31-75</u> Well diameter <u>5</u> in.
			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			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"/>
			7 Casing: Material <u>RMP</u> Height: <u>Above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>5</u> in. to <u>50</u> ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			
2		Type and color of material	From	To	8 Screen: Manufacturer <u>slotted</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>37</u> ft. and <u>50</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>M</u>	
		<u>Clay &amp; silt, tan &amp; gray</u>	<u>0</u>	<u>34</u>	9 Static water level: _____ ft. below land surface Date _____	
		<u>Sand &amp; gravel, fine, silty</u>	<u>34</u>	<u>40</u>	10 Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>60</u> g.p.m.	
		<u>Gravel, coarse to fine &amp; sand</u>	<u>40</u>	<u>50</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input 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>3</u> ft. to <u>13</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	
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>Hydronic Drilling 126</u> Business name License No. Address <u>222 S. Main</u> Signed <u>Art Faust</u> Date <u>4-2-75</u> Authorized representative				
		Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley				

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

Form WWC-5