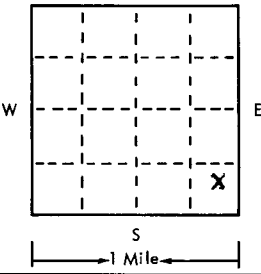


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Ottawa</i>	Township name	Fraction <i>NESESE</i>	Section number <i>25</i>	Town number <i>12S</i>	Range number <i>3W</i>
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <i>Dean Evans</i> Address: <i>1700 E. Iron Salina KS</i>		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: <i>22</i> ft. Date of completion <i>6-19-75</i> Well diameter <i>4</i> in.		
2 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		
				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"/>		
From To				7 Casing: Material <i>RMP</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>4</i> in. to <i>22</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		
				8 Screen: Manufacturer <i>Slup</i> Type <i>RMP</i> Dia. _____ Slot/gauze <i>3/32</i> Length <i>3'</i> Set between <i>19</i> ft. and <i>22</i> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/4"</i>		
(use a second sheet if needed)				9 Static water level: <i>9.5</i> ft. below land surface Date <i>6-19-75</i>		
				10 Pumping level below land surfaces: <i>21</i> ft. after <i>1</i> hrs. pumping <i>20</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>20</i> 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 <i>3</i> ft. to <i>13</i> 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 <i>~1290</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		
				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. <i>Hydraulic Drilling 126</i> Business name _____ License No. _____ Address <i>Rt 2 Salina</i> Signed <i>Carl Fent</i> Date <i>7-25-75</i> Authorized representative		

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

Form WWC-5