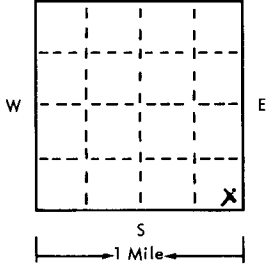


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>SESESE</i>	Section number <i>26</i>	Town number <i>125</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>Herbert Brown</i> Address: <i>Rt. 2 Salina</i>					
Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			4 Well depth: <i>139</i> ft. Date of completion: <i>6-13-75</i> Well diameter _____ in.			
2 Type and color of material			From		To				
			From		To				
<i>Dakota fm:</i> <i>Clay, buff</i> 0 2 <i>Shale, clayey, yellow & gray</i> 2 15 <i>Sandstone, medium, brown</i> 15 16 <i>Shale, clayey, gray, with leaf rock layers</i> 16 24 <i>Neiva fm:</i> <i>Shale, clayey, gray, contains few muscovite</i> 24 98 <i>& yellow zones, some pyrite</i> <i>Sandstone, fine, silty, brown</i> 98 100 <i>Shale, gray; contains thin interbedded ss</i> 100 127 <i>Sandstone, fine, white; contains some shale</i> 127 139 <i>Shale, dark gray, contains thin clay-siderite</i> 139 148 (use a second sheet if needed)			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 <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>139</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth		8 Screen: Manufacturer <i>Sloop</i> Type <i>RMP</i> Dia. <i>4"</i> Slot/gauze <i>3/32</i> Length <i>10'</i> Set between <i>129</i> ft. and <i>139</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>2.5mm</i>				
			9 Static water level: <i>90.5</i> ft. below land surface Date <i>6-13-75</i>		10 Pumping level below land surfaces: _____ ft. after <i>1</i> hrs. pumping <i>3.5</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>5</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		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>Hydramatic Drilling 126</i> Business name _____ License No. _____ Address <i>Salina, Mo</i> Signed <i>Art Faust</i> Date <i>7-25-75</i> Authorized representative				
			16 Remarks: elevation <i>~1390</i> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						