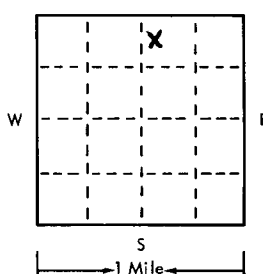


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NW NE</i>	Section number <i>36</i>	Town number <i>125</i>	Range number <i>3 W</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: <i>20 feet below surface:</i>		4 Well depth: <i>69</i> ft. Date of completion <i>8-13-75</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		
From To				7 Casing: Material <i>RMP</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. <i>7</i> in. to <i>69</i> ft. depth; Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>7</i> in. to <i>69</i> ft. depth;		
				8 Screen: Manufacturer <i>Shop</i> Type <i>RMP</i> Dia. <i>4"</i> Slot/gauze <i>4/16"</i> Length <i>9'</i> Set between <i>60</i> ft. and <i>69</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>2.5 mm</i>		
9 Static water level: <i>18</i> ft. below land surface Date <i>8-13-75</i>				10 Pumping level below land surfaces: <i>40</i> ft. after <i>1/2</i> hrs. pumping <i>10</i> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>15</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		
(use a second sheet if needed)				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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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>Hyalandic Drilling</i> <i>126</i> Business name License No. Address <i>Salina, Ks</i> Signed <i>Ol' Ford</i> Date <i>9-10-75</i> Authorized representative						