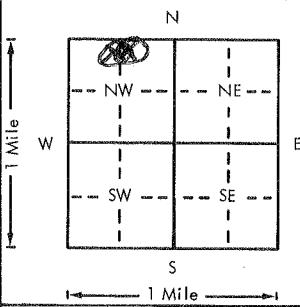
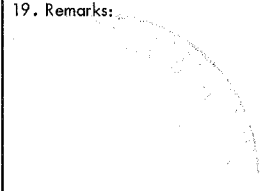


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County <u>Saline</u>		Fraction <u>Lot 7</u> <u>NE 1/4 NW 1/4 NW 1/4</u>		Section number <u>19</u>	Township number <u>T 13</u>	Range number <u>S R 3W</u> E/W	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 mi N+4 W. Saline</u>				3. Owner of well: <u>Gus Reed</u> R.R. or street: <u>421 N Ohio</u> City, state, zip code: <u>Saline Kansas 67401</u>			
4. Locate with "X" in section below: Sketch map:  Tract No. 7 test #12				6. Bore hole dia. <u>6</u> in. Completion date <u>9-15-77</u> Well depth <u>97</u> ft.			
5. Type and color of material				7. <input checked="" 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			
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
From To				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>97</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No: <u>540</u>			
				10. Screen: Manufacturer's name <u>Shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>40'</u> Set between <u>77</u> ft. and <u>97</u> ft. <u>20</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8"</u>			
Clay, silty, tan				11. Static water level: _____ mo./day/yr. <u>17</u> ft. below land surface Date <u>8-16-77</u>			
Shale, gray + green				12. Pumping level below land surfaces: <u>ND</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.			
Sandstone, fine				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Siltstone, gray				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
Shale, dark gray contains few v.f. sandstone zones, silty				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.			
Minnesota sh: - shale, gray + green + red				16. Nearest source of possible contamination: ft. _____ Direction <u>Open Field</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(Use a second sheet if needed)				17. 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			
				18. Elevation: _____			
19. Remarks: 				20. 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>Hydroambic Drilling</u> <u>126</u> Business name License No. Address <u>Saline, Mo</u> Signed <u>Olfer</u> <u>9-29-77</u> Authorized representative Date			

13 3-19 NE 1/4 NW 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5