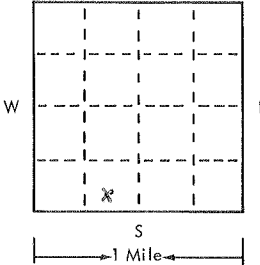



USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Saline</i>	Township name	Fraction <i>SE SW</i>	Section number <i>30</i>	Town number <i>135</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>Dave Adkinson</i> Address: <i>Rt. 2 Saline</i>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: 			4 Well depth: <i>59</i> ft. Date of completion <i>6-16-75</i> Well diameter <i>4</i> in.
2 Type and color of material			From	To	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"/>	
<i>Colluvium</i> <i>Clay, brown</i> <i>Kiowa fm.</i>					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>4</i> in. to <i>59</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>4</i> in. to <i>59</i> ft. depth	
					8 Screen: Manufacturer <i>Shup</i> Type <i>RMP</i> Dia. <i>4"</i> Slot/gauze <i>3/32"</i> Length _____ Set between <i>28</i> ft. and <i>60</i> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>4"</i>	
<i>Shale, dark gray; contains clay-siderite</i>			<i>25</i>	<i>27</i>	9 Static water level: _____ ft. below land surface Date _____	
<i>Sandstone, hard, calcareous, pyritic</i>			<i>27</i>	<i>28</i>	10 Pumping level below land surfaces: <i>41</i> ft. after <i>1</i> hrs. pumping <i>1.5</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1.5</i> g.p.m.	
<i>" , fine to medium, calcareous</i>			<i>28</i>	<i>32</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<i>Shale, dark gray; contains thin interbedded</i>					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
<i>fine silty sandstone</i>			<i>32</i>	<i>60</i>	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.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	
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. <i>Hydraulic Pulling Co 126</i> Business name _____ License No. _____ Address <i>Saline, Mo</i> Signed <i>[Signature]</i> Date <i>7-25-75</i> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)			

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

Form WWC-5