

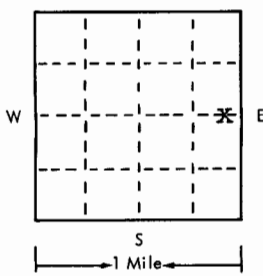
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD

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 Logan	Township name Elkader	Fraction NE-NE-SE	Section number 24	Town number 13S	Range number 32 W
Distance and direction from nearest town or city: 17 miles south east of Oakley Street address of well location if in city:				3 Owner of well: Moses Eaton Address: Rt. 1 Box 49 Oakley, Kansas 67748		
Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		4 Well depth: 45 ft. Date of completion 5/6/75 Well diameter 8 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		
Top Soil		0 16		7 Casing: Material RMP Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 20 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 45 ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
Sand		16 38		8 Screen: Manufacturer Jet Stream Type RPM Dia. 5" Slot/gauze 032 Length 2.5 Set between 35 ft. and 45 ft.		
Blue Mud		38 45		Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/8		
				9 Static water level: 18 ft. below land surface Date 5/6/75		
				10 Pumping level below land surfaces: _____ ft. after NA hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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 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 18 ft. to 4 ft.		
				14 Nearest source of possible contamination: ft. _____ Direction none 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. Bartell Drilling 139 Business name _____ License No. _____ Address Winona, Kansas 67761 Signed Robert Bartell Date 6/10/75 Authorized representative		
		(use a second sheet if needed)				

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

Form WWC-5