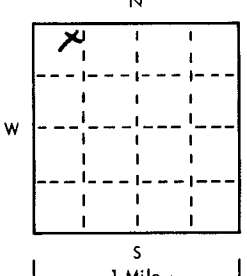


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Saline</u>	Township name	Fraction <u>NW NW</u>	Section number <u>28</u>	Town number <u>135</u>	Range number <u>5-W</u>
Distance and direction from nearest town or city: <u>3/4 mi W of Glendale</u>			3 Owner of well: <u>Kenneth Schoshke</u>			
Street address of well location if in city:			Address: <u>Rt. 1 Brookville Ks.</u>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:  <u>BOP</u>			4 Well depth: <u>44</u> ft. Date of completion <u>5-8-75</u> Well diameter <u>4</u> " 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 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 checked="" type="checkbox"/> <u>stock</u>	
Silt, sandy, gray-brown			0	3	7 Casing: Material <u>PVC</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>4</u> in. to <u>44</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
Sandstone, fine			3	27	8 Screen: Manufacturer <u>Serp</u> Type <u>PVC</u> Dia. <u>4</u> " Slot/gauze <u>1/16</u> Length <u>3' + 1'</u> Set between <u>42</u> ft. and <u>44</u> ft. Fittings: <u>+ 25 - 28</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>25 mm</u>	
Shale, dark gray; contains thin sandstone zones			27	47	9 Static water level: <u>12</u> ft. below land surface Date <u>5-8-75</u>	
					10 Pumping level below land surfaces: _____ ft. after <u>1</u> hrs. pumping <u>12</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>15</u> 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 <u>0</u> ft. to <u>12</u> 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. <u>Heppach's Drilling 126</u> Business name _____ License No. _____ Address <u>Saline Ks</u> Signed <u>Ol. Hart</u> Date <u>5-14-75</u> Authorized representative	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5