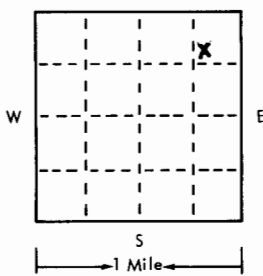


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Saline	Township name	Fraction NE NE	Section number 28	Town number 135	Range number 5W
Distance and direction from nearest town or city:			3 Owner of well: Darrell Francisco			
Street address of well location if in city: Glendale			Address: Rt. 2 Salina Kans			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 49 ft. Date of completion: 8-4-75 Well diameter 4 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
						7 Casing: Material RMP Height: above below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 4 in. to 49 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4 in. to 49 ft. depth!
						8 Screen: Manufacturer Shop Type RMP Dia. 4" Slot/gauze 3/32 Length 15' Set between 34 ft. and 49 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 44"
						9 Static water level: 31 ft. below land surface Date 8-4-75
						10 Pumping level below land surfaces: 46 ft. after 42 hrs. pumping 2.5 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 2 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 3 ft. to 13 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 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. Hydraulic Drilling 126 Business name Salina Ks License No. _____ Address Salina Ks Signed Outst Date 8-10-75 Authorized Representative			

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

Form WWC-5