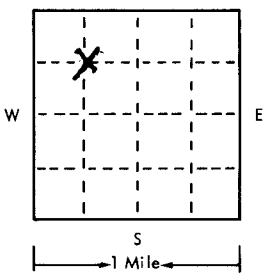


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 LINCOLN	Township name	Fraction C NW	Section number 10	Town number 13 S	Range number 9 W
Distance and direction from nearest town or city: 55 4 E			3 Owner of well: Marie Haesemezer			
Street address of well location if in city: Sylvan Grove, KS			Address: 1300 Sunrise Drive, Salina, KS.			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 235 ft. Date of completion 5-30-75 Well diameter 8 in.
			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"/> LIVE STOCK			
			7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 235 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!			
2 Type and color of material		From	To		8 Screen: Manufacturer MPI Type PVC Dio. 5" Slot/gauze 1/8" Length 40' Set between 195 ft. and 235 ft. Fittings: 1/2" - 3/4 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
Top Soil - Clay		0	175			
Sand Rock		175	235			
					9 Static water level: 160 ft. below land surface Date 5-30-75	
					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 20 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 12"	
					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 0 ft. to 10 ft.	
					14 Nearest source of possible contamination: NONE 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.m.p. 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. Kellys Water Well Serv 186 Business name _____ License No. _____ Address R 3 Great Bend, KS Signed Kelly Price Date 6-12-75 Authorized representative
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5