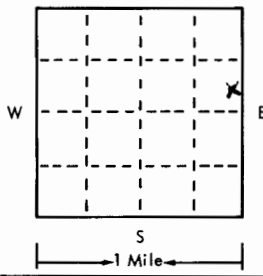


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SE NE	Fraction NE	Section number 6	Town number 145	Range number 2W																					
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Paul Day Address: Salina Ks.																							
Locate with "X" in section below: N 		Sketch map: AD		4 Well depth: 56.5 ft. Date of completion 7-30-75 Well diameter 4 in.																							
2 Type and color of material				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"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Alluvium:</td> <td></td> <td></td> </tr> <tr> <td>Clay, buff gray</td> <td>0</td> <td>28</td> </tr> <tr> <td>Clay, dark blue-gray; contains some interbedded gravel, fine + sand</td> <td>28</td> <td>39</td> </tr> <tr> <td>Gravel, medium to fine + sand</td> <td>39</td> <td>48</td> </tr> <tr> <td>Gravel fine to coarse + sand</td> <td>48</td> <td>58</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table>				Type and color of material	From	To	Alluvium:			Clay, buff gray	0	28	Clay, dark blue-gray; contains some interbedded gravel, fine + sand	28	39	Gravel, medium to fine + sand	39	48	Gravel fine to coarse + sand	48	58	(use a second sheet if needed)			7 Casing: Material RMP Height: <u>above</u> / <u>below</u> surface Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 4 in. to 56.5 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!		
				Type and color of material	From	To																					
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(use a second sheet if needed)																											
				8 Screen: Manufacturer Shop Type AMP Dia. 4" Slot/gauze 3/32 Length 3' Set between 53.5 ft. and 56.5 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																							
				9 Static water level: _____ ft. below land surface Date _____																							
				10 Pumping level below land surfaces: 35 ft. after 42 hrs. pumping 40 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 60 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.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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. Hepburn's Drilling 126 Business name _____ License No. _____ Address Salina Ks Signed Bob Ford Date 9-10-75 Authorized representative																							

730

2/2/13