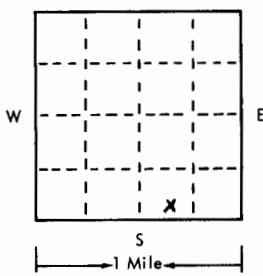


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Saline</i>	Township name	Fraction <i>SE SW SE</i>	Section number <i>9</i>	Town number <i>145</i>	Range number <i>2W</i>		
Distance and direction from nearest town or city: <i>2 Miles E Saline</i>			3 Owner of well: <i>D.W. Magee</i>					
Street address of well location if in city:			Address: <i>315 W. Ellsworth, Saline Ks</i>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>34</i> ft. Date of completion: <i>4-1-75</i> Well diameter: <i>4</i> 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		
			7 Casing: Material <i>PVC</i> cast Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. Diam. _____ Weight _____ lbs./ft. _____ <i>4</i> in. to <i>34</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			8 Screen: Manufacturer <i>Slotted</i> Type <i>PVC</i> Dia. <i>4"</i> Slot/gauze <i>3/32"</i> Length <i>3'</i> Set between <i>31</i> ft. and <i>34</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>f</i>		
2 Type and color of material			From	To	9 Static water level: _____ ft. below land surface Date _____			
<i>Alluvium:</i>					10 Pumping level below land surfaces: <i>23</i> ft. after <i>1</i> hrs. pumping <i>10</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>15</i> g.p.m.			
<i>Clay, silty, gray + yellow</i>			<i>0</i>	<i>23</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
<i>Gravel coarse + sand, fine</i>			<i>23</i>	<i>33.5</i>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
<i>Wellington fm:</i>					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 <i>3</i> ft. to <i>13</i> ft.			
<i>Shale, yellow + gray</i>			<i>33.5</i>	<i>34</i>	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			
(use a second sheet if needed)					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. <i>Nebraska Drilling 126</i> Business name _____ License No. _____ Address <i>At 2 Saline</i> Signed <i>Paul Ford</i> Date <i>4-2-75</i> Authorized representative					