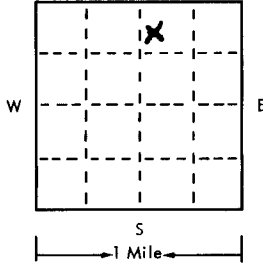


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Saline</b>	Township name	Fraction <b>NW NE</b>	Section number <b>29</b>	Town number <b>145</b>	Range number <b>2W</b>		
Distance and direction from nearest town or city: <b>2 Mi. SE Salina</b>			3 Owner of well: <b>Harold Larson</b>					
Street address of well location if in city:			Address: <b>Salina Kans</b>					
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <b>100</b> ft. Date of completion <b>5-21-75</b> Well diameter <b>4</b> 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 <b>PVC</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>4</b> in. to <b>100</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(Ft. below surface)</b>			8 Screen: Manufacturer <b>Shop</b> Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>3/32"</b> Length <b>10'</b> Set between <b>90</b> ft. and <b>100</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4"</b>		
2 Type and color of material			From	To	9 Static water level: <b>73.5</b> ft. below land surface Date <b>5-21-75</b>			
<b>Colluvium:</b>					10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping <b>5</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.			
<b>Clay + silt, gray-brown</b>			<b>0</b>	<b>7.5</b>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
<b>Moiva fine:</b>					12 Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> inches above grade			
<b>Shale, clayey gray + yellow</b>			<b>7.5</b>	<b>10</b>	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 ____ ft. to ____ ft.			
<b>Siltstone, soft, light gray</b>			<b>10</b>	<b>28</b>	14 Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Wellington fine:</b>					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			
<b>Shale, blue-gray + dark gray</b>			<b>28</b>	<b>92</b>	16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			
<b>Limestone, brown, porous</b>			<b>92</b>	<b>94</b>				
<b>Shale, gray</b>			<b>94</b>	<b>100</b>				
(use a second sheet if needed)								
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. <b>Hydraulic Drilling Co 126</b> Business name License No. Address <b>Salina, Mo</b> Signed <b>Bob Fent</b> Date <b>6-9-75</b> Authorized representative					

2/15/35