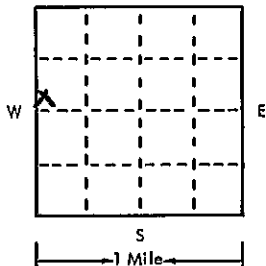


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Saline</u>	Township name	Fraction <u>SW SW NW</u>	Section number <u>31</u>	Town number <u>145</u>	Range number <u>2W</u>		
Distance and direction from nearest town or city:				3 Owner of well: <u>Dean Edinborough</u>				
Street address of well location if in city:				Address: <u>Rt. #4 Saline</u>				
Locate with "X" in section below: <div style="text-align: center;">N</div>  <div style="text-align: center;">S</div> <div style="text-align: center;">1 Mile</div>			Sketch map:		4 Well depth: <u>50</u> ft. Date of completion <u>4-23-75</u> Well diameter <u>4"</u> 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			
			Clay, lt gray + brown		0	27	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"/>	
			Sand coarse to fine		27	32	7 Casing: Material <u>PVC</u> Height: <u>0</u> above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>4"</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>4"</u> in. to <u>50</u> ft. depth	
			Clay, mixed + sand, fine		32	34	8 Screen: Manufacturer <u>Shops</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>3/32</u> Length <u>3'</u> Set between <u>47</u> ft. and <u>50</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>4"</u>	
			Gravel fine + coarse + sand		34	50	9 Static water level: <u>15.7</u> ft. below land surface Date <u>4-23-75</u>	
(use a second sheet if needed)					10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>30</u> 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 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 <u>3</u> ft. to <u>13</u> ft.			
					14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					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			
					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. <u>Hydramatic Drilling</u> <u>126</u> Business name License No. Address <u>Saline 745</u> Signed <u>Ed Jant</u> Date <u>5-14-75</u> Authorized representative			

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

Form WWC-5