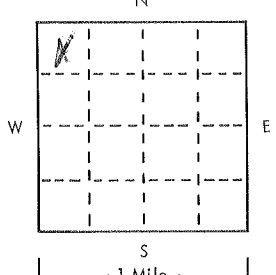


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>C NWNW</u>	Fraction <u>11</u>	Section number <u>11</u>	Town number <u>T14S</u>	Range number <u>R3W</u>
Distance and direction from nearest town or city: <u>W. Edge</u>			3 Owner of well: <u>BENJ. FRICK</u>			
Street address of well location if in city: <u>Salina</u>			Address: <u>Rt 2 Salina</u>			
Locate with "X" in section below: 			Sketch map: <u>3 Bks West of</u> <u>Broadway on North St.</u>			4 Well depth: <u>80</u> ft. Date of completion <u>1-23-75</u> Well diameter <u>8</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	
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>Redi-Mix</u>			
			7 Casing: Material <u>PVC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>160 PSI</u> Weight <u> </u> lbs./ft. <u>5</u> in. to <u>60</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth			
			8 Screen: Manufacturer <u>OURS NPI</u> Type <u>drilled</u> Dia. <u>5"</u> Slot/gauze <u>1/4"</u> Length <u>20'</u> Set between <u>60</u> ft. and <u>80</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/8-3/4"</u>			
			9 Static water level: <u>18</u> ft. below land surface Date <u>1-23-75</u>			
			10 Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <u>12"</u>			
			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"/> <u> </u> Depth: From <u>0</u> ft. to <u>10</u> ft.			
			14 Nearest source of possible contamination: ft. <u> </u> Direction <u>NONE</u> type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(use a second sheet if needed)			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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. <u>Kelly's Water Well Service 186</u> Business name <u>Rt 2 Great Bend</u> License No. <u> </u> Address <u> </u> Signed <u>Kelly Price</u> Date <u>1-28-75</u> Authorized representative			