

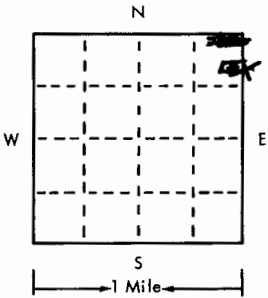
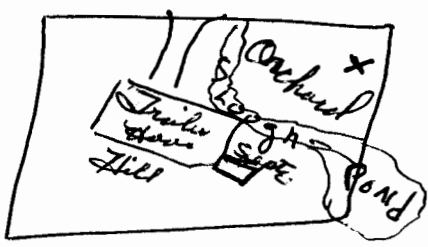
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

SE NE NE

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>Walnut</u>	Fraction <u>NE 1/4 NE 1/4</u>	Section number <u>5</u>	Town number <u>T15S</u>	Range number <u>2 W</u>
Distance and direction from nearest town or city: <u>SE 1/2 N 2</u>			3 Owner of well: <u>Webb Plummer</u>			
Street address of well location if in city: <u>Waringhouse Plant</u>			Address: <u>RR 3</u>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>36</u> ft. Date of completion: <u>6-10-75</u>		
				Well diameter <u>8</u> in.		
N				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
W		E		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
S				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
1 Mile				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial		
				<input type="checkbox"/> Test well <input type="checkbox"/>		
				7 Casing: Material <u>PVC</u> Height <u>above</u> below		
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.		
				Diam. <u>5</u> in. to <u>36</u> ft. depth Weight <u>110-44</u> lbs./ft.		
				Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				8 Screen: <u>Section Lead</u>		
				Type <u>PVC</u> Dia. <u>5</u> in.		
				Slot/gauze <u>1/2</u> Length <u>20</u> ft.		
				Set between <u>26</u> ft. and <u>36</u> ft.		
				Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4-1/2</u>		
				9 Static water level: <u>17</u> ft. below land surface Date <u>5-10-75</u>		
				10 Pumping level below land surfaces: <u>26</u> ft. after <u>2</u> hrs. pumping <u>6</u> g.p.m.		
				Estimated maximum yield <u>6</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 checked="" type="checkbox"/> Pitless adapter <u>18</u> 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"/> <u> </u>		
				Depth: From <u>0</u> ft. to <u>10</u> ft.		
				14 Nearest source of possible contamination: <u>700</u> ft. Direction <u>South</u> Type <u>Septic</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				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.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 checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						
<u>Trailers House sit on a Hill with Slough between House and Orchard where well site is located</u>						
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>Peterson Bros INC</u> License No. <u>138</u>						
Business name <u>Boniso Lindsay Kansas</u>						
Address <u> </u>						
Signed <u>Wallace Plummer</u> Date <u>6-10-75</u>						
Authorized representative						