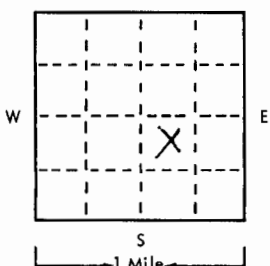


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Saline	Township name Walnut	Fraction NW$\frac{1}{4}$, SE$\frac{1}{4}$	Section number 11	Town number T - 15 - S	Range number R - 2 - W	
Distance and direction from nearest town or city: 2 mi south, 3 west Kipp, Kans.			3 Owner of well: Robert Frisbie				
Street address of well location if in city:			Address: 2128 Hillside Drive Salina, Kans. 67401				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 44 ft. Date of completion: 5/25/75 Well diameter 8 in.	
2 Type and color of material			From			To	
			Sand & clay			0	15
			Sand Rock			15	38
			Blue Shale			38	44
			8 Screen: Manufacturer Western Plastics Type PVC Dia. 5 Slot 3/32 Length 24 Set between 15 ft. and 44 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16 to 3/8				
			9 Static water level: 13 ft. below land surface Date 5/25/75				
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 12 g.p.m.				
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____				
			12 Well head completion: capped <input type="checkbox"/> Pitless adapter 18 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 Depth: From 0 ft. to 10 ft.				
			14 Nearest source of possible contamination: none 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.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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input 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. Rader Drilling Co. 194 Business name Carlton, Kans. 67429 License No. ____ Address 735 N. E. Rader Date 6/26/75 Signed Authorized representative				