

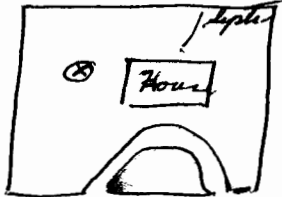
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

SW SW SW

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>Emolan</u>	Fraction <u>SW 1/4</u>	Section number <u>16</u>	Town number <u>15</u>	Range number <u>3</u>
Distance and direction from nearest town or city: <u>1 E of Emolan Ks.</u>			3 Owner of well: <u>Mr. Charles Burt</u>			
Street address of well location if in city:			Address: <u>R.R. Emolan, Kans.</u>			
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <u>32</u> ft. Date of completion <u>10-24-75</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 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"/>		
				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>3</u> in. to <u>35</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>35</u> ft. depth		
				8 Screen: Manufacturer <u>Peterson Steel</u> Type <u>PVC</u> Dia. <u>5</u> in. Slot gauze <u>432</u> Length <u>10 ft</u> Set between <u>25</u> ft. and <u>35</u> ft. Fittings: <u>Y6 - Y4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>		
				9 Static water level: <u>19</u> ft. below land surface Date <u>10-24-75</u>		
16 Remarks: elevation Topography: <u>Surrounding Area is flat land.</u> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		(use a second sheet if needed)		10 Pumping level below land surfaces: <u>29</u> ft. after <u>2</u> hrs. pumping <u>7</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>7</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>		
				12 Well head completion: <u>18"</u> <input checked="" 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>2</u> ft. to <u>16</u> ft.		
				14 Nearest source of possible contamination: ft. <u>65</u> Direction <u>South</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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>Bay 150 Lehighburg Ave</u> Address <u>Walla Walla</u> Signed <u>Walla Walla</u> Date <u>10-24-75</u> Authorized representative		15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>Valley Pump</u> Model number <u>425032</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>26</u> ft. capacity <u>6</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other				

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

Form WWC-5