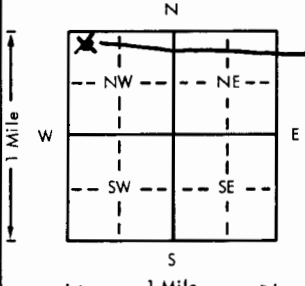


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 62a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County SALINE	Fraction NW 1/4 NW 1/4 NW 1/4	Section number 20	Township number T 15 S	Range number R 3 W
2. Distance and direction from nearest town or city: IN TOWN Street address of well location if in city: OF SMOLAN, KS.				3. Owner of well: Doris Nelson R.R. or street: City, state, zip code: Smolan, Ks. 67479		
4. Locate with "X" in section below:  Sketch map: DOMESTIC WELL				6. Bore hole dia. 8 in. Completion date 10-31-78 Well depth 58 ft.		
5. Type and color of material				7. <input checked="" 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		
				8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <input type="checkbox"/> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2 lbs./ft. Dia. 4 in. to 38 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 25		
				10. Screen: Manufacturer's name Peerless Plastics Type PVC Dia. 4" Slot/gauze 1/16 Length 20' Set between 38 ft. and 58 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4		
				11. Static water level: 32 ft. below land surface Date 10/31/78 mo./day/yr.		
(Use a second sheet if needed)				12. Pumping level below land surfaces: 50 ft. after 1 1/2 hrs. pumping 5 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 3 g.p.m.		
				13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____		
				14. Well head completion: ____ Pitless adapter 12 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 4 ft. to 14 ft.		
				16. Nearest source of possible contamination: ft. 150 Direction South Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				17. 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		
				20. 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. PETERSON IRRIGATION 138 Business name License No. ____ Address Box 150 LINOSBAK, KS. Signed Mike Peterson Date 11/1/78 Authorized representative		
				19. Remarks:		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5