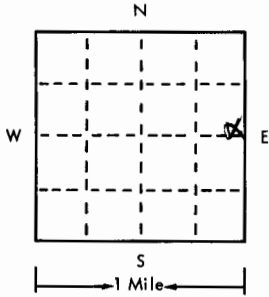


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

15 3 W 22 SE SE 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>Amolan</u>	Fraction <u>SESENE</u>	Section number <u>22</u>	Town number <u>F15-5</u>	Range number <u>R. 3 W.</u>
Distance and direction from nearest town or city: <u>3 E - 1/2 S.</u>				3 Owner of well: <u>Clarence King</u>		
Street address of well location if in city: <u>Amolan Kans.</u>				Address: <u>840 Penwood St. Salina, Kans.</u>		
Locate with "X" in section below:		Sketch map:		4 Well depth: <u>44</u> ft. Date of completion <u>7-2-75</u> Well diameter <u>5"</u> in.		
				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		
2		Type and color of material		From	To	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"/>
		<u>Top Soil</u>		<u>0</u>	<u>6</u>	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>44</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>44</u> ft. depth
		<u>Red Clays</u>		<u>6</u>	<u>16</u>	8 Screen: <u>Optain Tech</u> Manufacturer <u>PVC</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/32</u> Length <u>10 ft</u> Set between <u>34</u> ft. and <u>44</u> ft. Fittings: <u>1/32 - 1/4"</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u> </u>
		<u>Silty Clays</u>		<u>16</u>	<u>26</u>	9 Static water level: <u>19</u> ft. below land surface Date <u>7-2-75</u>
		<u>Crack gravel & fine sand</u>		<u>26</u>	<u>28</u>	10 Pumping level below land surfaces: <u>21</u> ft. after <u>1 1/2</u> hrs. pumping <u>28</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.
		<u>Silty Clays</u>		<u>28</u>	<u>32</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>
		<u>Crack gravel & fine sand</u>		<u>32</u>	<u>41</u>	12 Well head completion: <u>12" Pump House</u> <u>12</u> inches above grade
		<u>Blue shales</u>		<u>41</u>	<u>44</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"/> Depth: From <u>2</u> ft. to <u>12</u> ft.
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>N.E.</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.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		<u>Well is located up grade from all</u> <u>The improvement South from Home.</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>Walter Bue Jr</u> <u>138</u> Business name <u> </u> License No. <u> </u> Address <u>Box 157, Lindbergh, Kan</u> Signed <u>Walter Bue Jr</u> Date <u>7-2-75</u> Authorized representative		

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

Form WWC-5