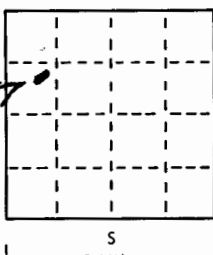


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <i>Saline</i>	Township name <i>Gypsum</i>	Fraction <i>NW 1/4</i>	Section number <i>17</i>	Town number <i>T16S</i>	Range number <i>R-1-W</i>
Distance and direction from nearest town or city: <i>25-2W 44d.</i>				3 Owner of well: <i>Gypsum Karner</i>			
Street address of well location if in city: <i>Gypsum Kan.</i>				Address: <i>Barney Karner</i>			
Locate with "X" in section below:		Sketch map:		4 Well depth: <i>105</i> ft. Date of completion: <i>2-7-75</i> Well diameter: <i>5" test</i>			
		<i>Test well</i>		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"/>	
		<i>Top Soil</i>		<i>0</i>	<i>3</i>	7 Casing: Material <i>None</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. Diam. <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. <input type="checkbox"/> in. to ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No in. to ft. depth	
		<i>Red clay</i>		<i>3</i>	<i>8</i>	8 Screen: <i>None</i> Manufacturer <i>None</i> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <input type="checkbox"/>	
		<i>Grey Shale (hard)</i>		<i>8</i>	<i>85</i>	9 Static water level: <i>None</i> ft. below land surface Date <input type="checkbox"/>	
		<i>Dark Grey Shale</i>		<i>85</i>	<i>105</i>	10 Pumping level below land surfaces: <i>None</i> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
		<i>(medium soft)</i>				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
		<i>Dry Hole</i>				12 Well head completion: <i>None</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
		<i>Bailed for 1 1/2 Hr.</i>				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <i>Shale</i> Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
		<i>(no water)</i>				14 Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>None</i> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		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. <i>Peterman Bros</i> <i>138</i> Business name License No. Address <i>Bpo 150 Lindbergh</i> Signed <i>Wally Peterman</i> Date <i>2-10-75</i> Authorized representative					

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

Form WWC-5