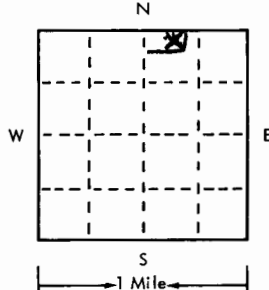


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

16 3W 1 NW NE NW 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	Fraction <u>NW 40 1/4</u> <u>NE 1/4</u>	Section number <u>1</u>	Town number <u>T16S</u>	Range number <u>R3W</u>
Distance and direction from nearest town or city: <u>1 North - 1/2 E</u>			3 Owner of well: <u>STRESS CAST</u>			
Street address of well location if in city: <u>Assaria, Kan.</u>			Address: <u>R.R. 1 ASSARIA, KANS.</u>			
Locate with "X" in section below:  N W E S 1 Mile			Sketch map: <u>ABAB</u>			4 Well depth: <u>60</u> ft. Date of completion: <u>8-25-75</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>PR</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>6 1/2</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>6 1/2</u> ft. depth			
			8 Screen: Manufacturer <u>Artisan Head</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/32</u> Length <u>10'</u> Set between <u>50</u> ft. and <u>60</u> ft. Fittings: <u>1/8-1/4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>        </u>			
			9 Static water level: <u>12-6</u> ft. below land surface Date <u>8-25-75</u>			
			10 Pumping level below land surfaces: <u>15</u> ft. after <u>2</u> hrs. pumping <u>15</u> g.p.m. <u>        </u> ft. after <u>        </u> hrs. pumping <u>        </u> g.p.m. Estimated maximum yield <u>        </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>12"</u> <input type="checkbox"/> Pitless adapter <input checked="" 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>0</u> ft. to <u>14</u> ft.			
			14 Nearest source of possible contamination: ft. <u>60</u> Direction <u>N.E.</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(use a second sheet if needed)			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>MYER'S</u> Model number <u>Y2</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>43'</u> ft. capacity <u>15</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			
			16 Remarks: elevation <u>The surrounding area is level land.</u>			
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <u>Artisan Bros INC</u> 138 Business name License No. Address <u>Box 150 Leola, Mo</u> Signed <u>Wallace Pittman</u> Date <u>8/25-75</u> <u>B. N. P.</u> Authorized representative			

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

Form WWC-5