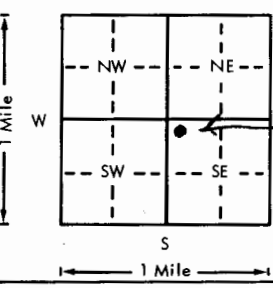
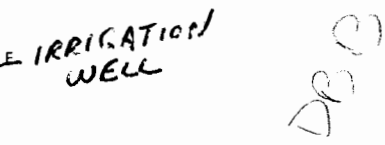


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County <u>SALINE</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section number <u>24</u>	Township number <u>T 16 S</u>	Range number <u>R 3 E</u>
2. Distance and direction from nearest town or city: <u>1 IN</u>		3. Owner of well: <u>JIM NELSON</u>				
Street address of well location if in city: <u>BRIDGEPORT, KS 67424</u>		R.R. or street: <u>603 N. 3rd</u>				
		City, state, zip code: <u>LINCOLN, KS 67456</u>				
4. Locate with "X" in section below:		Sketch map:				
						
5. Type and color of material		From	To	6. Bore hole dia. <u>130</u> in. Completion date <u>7-11-77</u>		
<u>Top Soil</u>		<u>0</u>	<u>6</u>	Well depth <u>75</u> ft.		
<u>BROWN CLAY</u>		<u>6</u>	<u>22</u>	7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<u>FINE SAND AND GRAY CLAY</u>		<u>22</u>	<u>39</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
<u>COURSE SAND AND GRAVEL</u>		<u>39</u>	<u>75</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
				<input checked="" 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 <u>TRANSITE</u> Height: Above or below		
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.		
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>32</u> lbs./ft.		
				Dia. <u>16</u> in. to <u>75</u> ft. depth Wall Thickness: inches or		
				Dia. <u>16</u> in. to <u>75</u> ft. depth gage No. <u>75 IN</u>		
				10. Screen: Manufacturer's name <u>AURORA TILE Company</u>		
				Type <u>TRANSITE</u> Dia. <u>16</u> in.		
				Slot/gauze <u>1/8</u> in Length <u>26</u> ft.		
				Set between <u>49</u> ft. and <u>75</u> ft.		
				Gravel pack? <u>YES</u> Size range of material <u>24</u> in		
				11. Static water level: <u>23</u> ft. below land surface Date <u>7-11-77</u>		
				12. Pumping level below land surfaces:		
				<u>23</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m.		
				<u>23</u> ft. after <u>0</u> hrs. pumping <u>0</u> g.p.m.		
				Estimated maximum yield <u>800</u> g.p.m.		
				13. Water sample submitted: <u>YES</u> No <u>X</u> Date <u>7-11-77</u>		
				14. Well head completion:		
				<u>12</u> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>YES</u> <u>PROBLE CLAY</u>		
				With: <u>Neat cement</u> <u>Bentonite</u> <u>Concrete</u>		
				Depth: From <u>0</u> ft. to <u>12</u> ft.		
				16. Nearest source of possible contamination:		
				fr. <u>5000</u> Direction <u>South</u> Type <u>FEEDLOT</u>		
				Well disinfected upon completion? <u>YES</u> <u>X</u> No		
				17. Pump: <u>Not installed</u>		
				Manufacturer's name <u>WESTERN LAND RILLER</u>		
				Model number <u>8m</u> HP <u>60</u> Volts <u>150</u>		
				Length of drop pipe <u>60</u> ft. capacity <u>150</u> g.p.m.		
				Type:		
				<input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine		
				<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
				<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
18. Elevation:		19. Remarks:				
Topography:		(Use a second sheet if needed)				
<input type="checkbox"/> Hill						
<input type="checkbox"/> Slope						
<input type="checkbox"/> Upland						
<input checked="" type="checkbox"/> Valley						
		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.				
		<u>PETERSON IRRIGATION 138A</u>				
		Business name <u>Box 150 LINCOLN, KS</u> License No. <u>1/4</u>				
		Address <u>Box 150 LINCOLN, KS</u> Date <u>7-25-77</u>				
		Signed <u>Mike Peterson</u> Authorized representative				

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

Form WWC-5