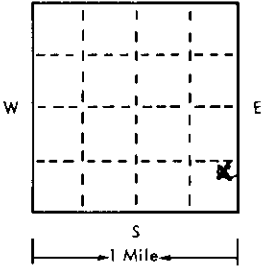


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County RUSH	Township name	Fraction SESE	Section number 18	Town number 185	Range number 20W
Distance and direction from nearest town or city: 1 W IN			3 Owner of well: JAMES SEITMAN			
Street address of well location if in city: Alexander, KS			Address: Alexander, KS			
Locate with "X" in section below: N  S 1 Mile			Sketch map:			4 Well depth: 48 ft. Date of completion 6-14-75 Well diameter 8 in.
2 Type and color of material			Fram		To	
			Top Soil - Oldy		0	25
			Sand - Gravel		25	48
			BA ≈ 48' Top			
(use a second sheet if needed)			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 PVC Height: <input checked="" type="checkbox"/> above <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 48 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth			
			8 Screen: Manufacturer MPI Type PVC Dia. 5" Slot/gauze 1/8 Length 20' Set between 28 ft. and 48 ft. Fittings: 1/8 - 3/4" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			9 Static water level: 26 ft. below land surface Date 6-14-75			
			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade 12			
			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 0 ft. to 10 ft.			
			14 Nearest source of possible contamination: SEPTIC TANK ft. 90 Direction S Type TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16 Remarks: elevation 3079			15 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			
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. Kellys Water Well Ser 186 Business name R2 Great Bend, KS License No. _____ Address Kelly Price Date 6-25-75 Signed _____ Authorized representative			

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

Form WWC-5