

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

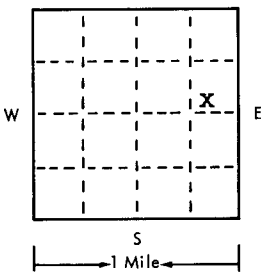
SHALLOW WATER

1933025A
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

ADD

1 Location of well:	County Scott	Township name Valley W-SE N/E	Fraction N/E	Section number 25	Town number 19	Range number 33
Distance and direction from nearest town or city: Street address of well location if in city: Shallow Water, KS			3 Owner of well: Jim Jibben Address: Shallow Water, KS			
Locate with "X" in section below: N  W X E S 1 Mile			Sketch map:			4 Well depth: 195 ft. Date of completion: 4-11-75 Well diameter 9 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			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
			7 Casing: Material Plas. Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 1.8 lbs./ft. 5 in. to 175 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth			8 Screen: Manufacturer Jess & Lowell Type Plastic Dia. 5 Slot/gauze _____ Length _____ Set between 175 ft. and 195 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material #1
2 Type and color of material			From	To	9 Static water level: 84 ft. below land surface Date 4-11-75	
Clay			0	78	10 Pumping level below land surfaces: 94 ft. after 1 hrs. pumping 10 g.p.m. ___ ft. after ___ hrs. pumping ___ g.p.m. Estimated maximum yield 10 g.p.m.	
Med sd clay			78	88	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Clay			88	97	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Sd coarse			97	108	13 Well grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From ___ ft. to ___ ft.	
Clay			108	178	14 Nearest source of possible contamination: ft. 300 Direction E Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sd coarse			178	194	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Aermotor Model number _____ HP 3/4 Volts 230 Length of drop pipe 105 ft. capacity 10 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	
Clay yellow			194	195	16 Remarks: elevation Customer is to grout well. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley 2948 (TOP)	
(use a second sheet if needed)			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. Weishaar Drilling 232 Business name _____ License No. _____ Address Scott City, KS 67871 Signed [Signature] Date 5-29-75 Authorized representative			

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

Form WWC-5