

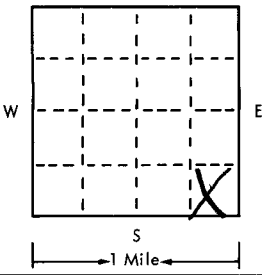
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

T215

1 Location of well:	County Rice	Township name East WAS.	Fraction SE 1/4 SE 1/4	Section number 15	Town number T20S	Range number R 6 W
Distance and direction from nearest town or city 13 miles East of Stelling, KS Street address of well location if in city:				3 Owner of well: L.J. Rohla ZC 67546 Address: German R. 2, KANSAS		
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:		4 Well depth: 35 ft. Date of completion 11-7-74 Well diameter 14 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 checked="" type="checkbox"/> HUMAN + STOCK
Sand Clay Sandy clay yellow sand Red shale				1 5 5 10 10 20 20 33 33 35		7 Casing: Material PVC Height: above below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. 4 1/2 / 6 ft Diam. 6 in. to 35 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14 lbs./ft.
						8 Screen: PLAST Certain Teed Type PVC Dia. 6 in Slot gauge SAWED Length 15 ft Set between 20 ft. and 35 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4
						9 Static water level: 12 ft. below land surface Date 11-7-74
						10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 15 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 12 <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 5 ft. to 10 ft.
						14 Nearest source of possible contamination: well went ft. 75 Direction North Type clay Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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. Business name _____ License No. 147 Address Arthur Dama Signed Lyons of 11-7-74 Authorized representative

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

Form WWC-5