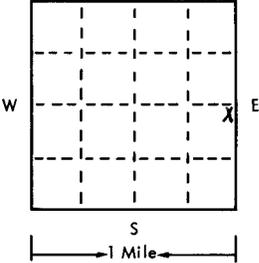


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Osage</u>	Township name	Fraction <u>NE/NE/SE</u>	Section number <u>2</u>	Town number <u>21</u>	Range number <u>17</u>		
Distance and direction from nearest town or city: <u>HW-6N-2E-30 of Garned, Mo.</u>			3 Owner of well: <u>John Snyder</u> Address: <u>RT 1 Garned, Mo.</u>					
Locate with "X" in section below: N  S 1 Mile			Sketch map:			4 Well depth: <u>75</u> ft. Date of completion <u>3/3/75</u> Well diameter <u>9"</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			
			<u>Top soil</u>		<u>0</u>	<u>2</u>	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"/>	
			<u>Brown clay</u>		<u>2</u>	<u>15</u>	7 Casing: Material <u>pu</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>55</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>55</u> ft. depth	
			<u>Brown + white clay</u>		<u>15</u>	<u>33</u>	8 Screen: Manufacturer <u>R4B</u> Type <u>pu</u> Dia. <u>5"</u> Slat/gauze <u>1/4</u> Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. Fittings: <u>3/4-7/8-1/2</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>60-3</u>	
			<u>Brown clay</u>		<u>33</u>	<u>60</u>	9 Static water level: <u>35</u> ft. below land surface Date <u>3/3/75</u>	
<u>Silty brown clay</u>		<u>60</u>	<u>75</u>	10 Pumping level below land surfaces: <u>NA</u> ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.				
					11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input 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>10</u> ft.			
					14 Nearest source of possible contamination: ft. <u>400</u> Direction <u>NW</u> Type <u>septic</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input 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			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>Reservoirs - Benis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Mo</u> Signed <u>Freddie Dodson</u> Date <u>3/3/75</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley								

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

Form WWC-5