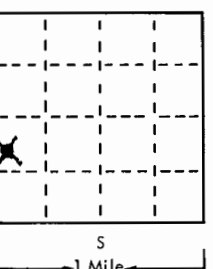


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

2	2		1	W	3	6	SW	W	SW	
T			R	EW		sec	1/4	1/4	1/4	No.

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

1 Location of well:		County HARVEY	Township name Emma	Fraction SW 1/4	Section number 36	Town number T-22-S	Range number R-1-W
Distance and direction from nearest town or city: 3 1/4 mile				3 Owner of well: STAN VDET			
Street address of well location if in city: So. of Zimmerdale				Address: NEWTON, KANSAS			
Locate with "X" in section below:		Sketch map:		4 Well depth: 60 ft. Date of completion 9-27 Well diameter 8 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 <input type="checkbox"/>			
				7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 28 in. Diam. 5 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No 5 in. to 60 ft. depth			
				8 Screen: Manufacturer PEERLESS Type PVC Dia. 5 in. Slot/gauze 1/4 Length 10 Set between 30 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4			
				9 Static water level: 19 ft. below land surface Date 9-27-75			
				10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 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 0 ft. to 10 ft.			
				14 Nearest source of possible contamination: ft 200 Direction N Type SEWA Well disinfected upon completion? <input checked="" 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.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			
				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. PETERSON BROS INC 138 Business name License No. _____ Address Box 150 Lincoln, KS Signed W. J. Peterson Date 9-27-75 Authorized representative			

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

Form WWC-5