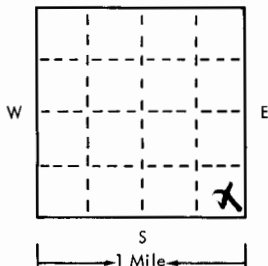


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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 ALTA	Fraction SE 1/4 / SE 1/4	Section number 12	Town number T-22-S	Range number R-3-W		
Distance and direction from nearest town or city: 8 1/2 miles West of Hesston			3 Owner of well: Jerry Wahl Address: R.R. #1 - Moundville, KNS					
Locate with "X" in section below: N  W S 1 Mile			Sketch map:		4 Well depth: 80 ft. Date of completion 6/4/75 Well diameter 12 in.			
2 Type and color of material			From		To			
			Leam		0	5		
			" to red clay		5	10		
			red to brown clay		10	15		
			brown clay		15	35		
			Sandy clay		35	40		
			SAND - med to coarse		40	73		
			lots of clear crystal					
			this green-grey shale		73	74		
			SAND		74	76		
Shale		76	80					
(use a second sheet if needed)					8 Screen: own slot Manufacturer CERT-TECH Type PVC Dia. 6" Slot/gauze 0.0468 Length 20' Set between 55 ft. and 75 ft. Fittings: 1/2 to 3/8" Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material			
					9 Static water level: 38 ft. below land surface Date 6/4/75			
					10 Pumping level below land surfaces: 39 ft. after 1 1/2 hrs. pumping 20 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 200 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 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 10 ft. to 0 ft.			
					14 Nearest source of possible contamination: ft. 150 Direction NW Type sewer lagoon 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.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. PAUL'S INC #175- Business name License No. Address Box 26 - Hesston, KNS Signed Paul Paul Date 6/4/75 Authorized representative		