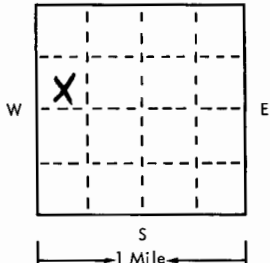


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Harvey</b>	Township name <b>Macon</b>	Fraction <b>S 1/2 SW 1/4</b>	Section number <b>31</b>	Town number <b>23S</b>	Range number <b>1W</b>
Distance and direction from nearest town or city: <b>1 mile East of Halstead &amp; 1/2 North.</b>			3 Owner of well: <b>Paul W. Becker</b> Address: <b>510 Locust Halstead, Kansas 67056</b>			
Locate with "X" in section below:  Sketch map: 1 Mile			4 Well depth: <b>117</b> ft. Date of completion <b>4-29-75</b> Well diameter <b>11</b> 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material <b>Styrene</b> Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. Diam. <b>5</b> in. to <b>117</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth 8 Screen: Manufacturer <b>Sunflower Plastic</b> Type <b>Styrene</b> Dia. <b>5"</b> Slot/gauze <b>.005</b> Length <b>30</b> Set between <b>87</b> ft. and <b>117</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1-1/8"</b> 9 Static water level: <b>30</b> ft. below land surface Date <b>4-29-75</b> 10 Pumping level below land surfaces: _____ 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 type="checkbox"/> No Date _____ 12 Well head completion: <b>capped</b> <input type="checkbox"/> Pitless adapter <b>12</b> <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 _____ ft. to <b>12</b> ft. 14 Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ 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 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley <b>This well is to be used for irrigating trees.</b> 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. <b>Harp Well &amp; Pump 236</b> Business name <b>Wichita, Kansas 67209</b> License No. <b>4-30-75</b> Address _____ Signed <b>Mary Arnold</b> Date _____ Authorized representative			