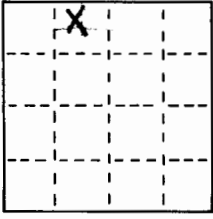


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 HALSTEAD	Fraction NE 1/4 NW 1/4	Section number #3	Town number T-23-S	Range number R-2-W																																			
Distance and direction from nearest town or city: 5-North-3/4 West of HALSTEAD			Owner of well: Arthur Koehn																																						
Street address of well location if in city:			Address: RFD #1 - HALSTEAD																																						
Locate with "X" in section below: 			Sketch map:			4 Well depth: 65 ft. Date of completion 9/8/75 Well diameter 11 in.																																			
<table border="1"><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr><tr><td></td><td>LOAM</td><td>0</td><td>3</td></tr><tr><td></td><td>LIGHT BROWN CLAY</td><td>3</td><td>15</td></tr><tr><td></td><td>BROWN CLAY</td><td>15</td><td>25</td></tr><tr><td></td><td>GREY BROWN CLAY</td><td>25</td><td>43</td></tr><tr><td></td><td>MEDIUM SAND</td><td>43</td><td>51</td></tr><tr><td></td><td>COURSE SAND</td><td>51</td><td>64</td></tr><tr><td></td><td>SHALE</td><td>64</td><td>65</td></tr><tr><td colspan="4">(use a second sheet if needed)</td></tr></table>			2	Type and color of material	From	To		LOAM	0	3		LIGHT BROWN CLAY	3	15		BROWN CLAY	15	25		GREY BROWN CLAY	25	43		MEDIUM SAND	43	51		COURSE SAND	51	64		SHALE	64	65	(use a second sheet if needed)				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		
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			(use a second sheet if needed)																																						
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 12 in. Diam. 5 1/2 in. Weight 2.30 lbs./ft. 12 in. to 65 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																																									
8 Screen: OWN Manufacturer CENT-TECO pipe Type PVC Dia. 5 1/2 in. Slot/gauze 0468 Length 20' Set between 45 ft. and 65 ft. Fittings: 1/2 - 1/4 Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____																																									
9 Static water level: 28 1/2 ft. below land surface Date 9/9/75																																									
10 Pumping level below land surfaces: 27 ft. after _____ hrs. pumping 20 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 150 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 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 _____ ft.																																									
14 Nearest source of possible contamination: 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.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 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. PAUL'S INC 175 Business name License No. Address Box 26 HESSTON KS Signed Paul Brubaker Date 9/9/75 Authorized representative																																						