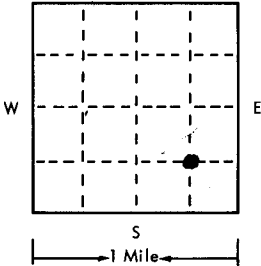


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Edwards</u>	Township name <u>Wagon</u>	Fraction <u>(SE 1/4)</u>	Section number <u>3</u>	Town number <u>25</u>	Range number <u>18</u>																											
Distance and direction from nearest town or city: Street address of well location if in city: <u>1 S, PW, 3/4 S, 1/4 mi. Geneva</u>				3 Owner of well: <u>Dwight Slentz</u> Address: <u>Lewis, Kansas 67552</u>																													
Locate with "X" in section below: Sketch map: 				4 Well depth: <u>90</u> ft. Date of completion <u>3/20/75</u> Well diameter <u>16</u> in.																													
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input 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 checked="" 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 checked="" type="checkbox"/> Test well <input type="checkbox"/>																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr><td><u>Sandy Soil</u></td><td><u>0</u></td><td><u>4</u></td></tr> <tr><td><u>Sand and Clay</u></td><td><u>4</u></td><td><u>15</u></td></tr> <tr><td><u>Sand clay with gravel</u></td><td><u>15</u></td><td><u>25</u></td></tr> <tr><td><u>Med Sand</u></td><td><u>25</u></td><td><u>35</u></td></tr> <tr><td><u>Brown clay</u></td><td><u>35</u></td><td><u>50</u></td></tr> <tr><td><u>Med Gravel</u></td><td><u>50</u></td><td><u>60</u></td></tr> <tr><td><u>Brown Clay</u></td><td><u>60</u></td><td><u>65</u></td></tr> <tr><td><u>Med. Gravel</u></td><td><u>65</u></td><td><u>90</u></td></tr> </tbody> </table>				Type and color of material	From	To	<u>Sandy Soil</u>	<u>0</u>	<u>4</u>	<u>Sand and Clay</u>	<u>4</u>	<u>15</u>	<u>Sand clay with gravel</u>	<u>15</u>	<u>25</u>	<u>Med Sand</u>	<u>25</u>	<u>35</u>	<u>Brown clay</u>	<u>35</u>	<u>50</u>	<u>Med Gravel</u>	<u>50</u>	<u>60</u>	<u>Brown Clay</u>	<u>60</u>	<u>65</u>	<u>Med. Gravel</u>	<u>65</u>	<u>90</u>	7 Casing: Material <u>Steel</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>13</u> in. Diam. <u>16</u> in. Weight <u>50</u> lbs./ft. <u>16</u> in. to <u>50</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — in. to — ft. depth		
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16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				9 Static water level: <u>23</u> ft. below land surface Date <u>3-20-75</u>																													
				10 Pumping level below land surfaces: — ft. after — hrs. pumping — g.p.m. — ft. after — hrs. pumping — g.p.m. Estimated maximum yield <u>1400</u> g.p.m.																													
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>Darling Drilling Co. 189</u> Business name License No. Address: <u>1201 W. 4th, Hutchinson, Kansas</u> Signed: <u>Donnelly Daily</u> Date <u>3-20-75</u> Authorized representative				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"/> 2 inches above grade																													
18				13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>0</u> ft.																													
				14 Nearest source of possible contamination: ft. — Direction — Type — Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
19				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																													
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25 18 25 3 CSE