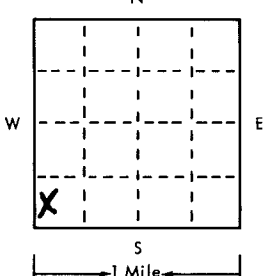



USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Sedg	Township name UNION	Fraction SW 1/4	Section number 34	Town number 25 S.	Range number 2 W																						
Distance and direction from nearest town or city: 3 miles North		3 Owner of well: Wm. MAJERUS																										
Street address of well location if in city: Polwich KS.		Address: RR # COLWICK Kans																										
Locate with "X" in section below: N 			Sketch map: 		4 Well depth: 50 ft. Date of completion: 5/19/5 Well diameter 5 in.																							
2 Type and color of material			From To		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"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Clay Top Soil</td> <td style="width:10%;">0</td> <td style="width:10%;">3</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>Clay</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FINE SAND</td> <td>8</td> <td>25</td> <td></td> <td></td> <td></td> </tr> <tr> <td>GRAVEL</td> <td>25</td> <td>50</td> <td></td> <td></td> <td></td> </tr> </table>			Clay Top Soil	0	3				Clay	3	8				FINE SAND	8	25				GRAVEL	25	50				7 Casing: material styrene plastic height: above _____ Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1 1/2 in. Diam. _____ Weight 150 lbs./ft 100 5 in. to 50 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
Clay Top Soil	0	3																										
Clay	3	8																										
FINE SAND	8	25																										
GRAVEL	25	50																										
(use a second sheet if needed)					8 Screen: LESS V LOWELL Manufacturer _____ Type COARSE Dia. 5 Slot/gauze _____ Length 10' Set between 40 ft. and 50 ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 3/8																							
					9 Static water level: 10 ft. below land surface Date 5/19/5																							
16 Remarks: elevation Above flood level. NO PROBLEM.					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 checked="" type="checkbox"/> No Date _____																							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					12 Well head completion: No. <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 _____ Depth: From 3 ft. to 13 ft.																							
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. WENINGER Dr. 14 238A Business address 154 B Colwich KS License No. _____ Address _____ Signed Weninger Date 5/19/5 Authorized representative					14 Nearest source of possible contamination: _____ ft. 250 Direction SOUTH Type CREEK 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																							