

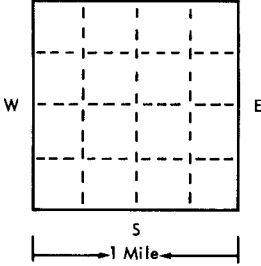
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

B-2-80 SP

1 Location of well:	County <b>Edwards</b>	Township name <b>JACKSON</b>	Fraction <b>NE 1/4 NW 1/4</b>	Section number <b>31</b>	Twp number <b>25</b>	Range number <b>2420</b>
Distance and direction from nearest town or city: <b>2 1/2 M. North off offerele KS,</b> Street address of well location if in city:				3 Owner of well: <b>Irvin Brehm</b> Address: <b>offerele Kansas</b>		
Locate with "X" in section below: 			Sketch map:			<input checked="" type="checkbox"/> Well depth: _____ ft. Date of completion _____ Well diameter _____ in.
			<input checked="" 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 type="checkbox"/> Reverse rotary			
			<input checked="" type="checkbox"/> Use: <input 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"/> _____			
			<input checked="" type="checkbox"/> Casing: Material _____ Height: above/below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth:			
			<input checked="" type="checkbox"/> Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			<input checked="" type="checkbox"/> Static water level: _____ ft. below land surface Date _____			
			<input checked="" type="checkbox"/> 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.			
			<input checked="" type="checkbox"/> Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
			<input checked="" type="checkbox"/> Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			
			<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>DONT KNOW</b> Model number _____ HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>160</b> ft. capacity <b>12</b> g.m.p. Type: <input checked="" 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			<input checked="" type="checkbox"/> 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.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			

Driller Unknown