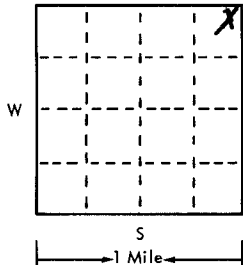
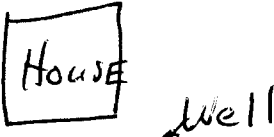


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Sedg.</u>	Township name <u>Union</u>	Fraction <u>1/4 1/4 1/4</u>	Section number <u>21</u>	Town number <u>26S</u>	Range number <u>2W.</u>
Distance and direction from nearest town or city:				3 Owner of well: <u>AL Gehlen.</u>		
Street address of well location if in city: <u>400 So 2nd Colwich.</u>				Address: <u>200 So 2nd Colwich KS.</u>		
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: <u>50</u> ft. Date of completion <u>12/29</u> Well diameter <u>5</u> in.		
2 Type and color of material		From To		5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				6 Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Commercial ☐ Test well ☐		
				7 Casing: Material <u>RMP</u> Height: above/below Threaded ☐ Welded ☒ Surface <u>12</u> in. Diam. <u>5</u> in. to <u>50</u> ft. depth Drive shoe? ☐ Yes ☒ No <u>5</u> in. to <u>50</u> ft. depth Weight <u>150</u> lbs./ft. <u>100</u>		
				8 Screen: <u>Sun Flower</u> Manufacturer <u>PLASTIC</u> Dia. <u>5/8</u> Slot/gauze <u>1/8</u> Length <u>16</u> Set between <u>40</u> ft. and <u>50</u> ft. Fittings: ☒ Gravel pack ☐ Yes ☐ No Size range of material <u>3/8</u>		
Top Soil		0 9		9 Static water level: <u>26</u> ft. below land surface Date <u>12/29/75</u>		
Clay		9 16		10 Pumping level below land surfaces: <u>27</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>100</u> g.p.m.		
Fine Sand		16 25		11 Water sample submitted: ☐ Yes ☒ No Date ____		
Clay		25 27		12 Well head completion: ☒ Pitless adapter <u>12</u> inches above grade		
GRAVEL.		27 50		13 Well grouted? ☒ Yes ☐ No ☒ Neat cement ☐ Bentonite ☐ Depth: From <u>3</u> ft. to <u>13</u> ft.		
				14 Nearest source of possible contamination: ft. ____ Direction <u>NONE</u> Type ____ Well disinfected upon completion? ☒ Yes ☐ No		
				15 Pump: ☐ Not installed Manufacturer's name <u>Valley</u> Model number <u>1807</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>40</u> ft. capacity <u>18</u> g.m.p. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other		
16 Remarks: elevation				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>Manager Kelly</u> <u>318</u> Business name <u>R 1 Colwich KS</u> License No. ____ Address <u>200 So 2nd Colwich KS</u> Signature <u>[Signature]</u> Date <u>12/29</u> Authorized Representative <u>1975</u>		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5