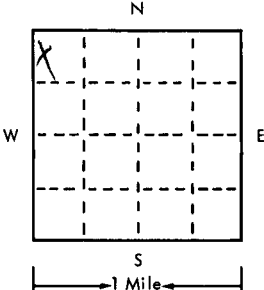


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>HAMILTON</u>	Township name <u>Lamont</u>	Fraction <u>NW 1/4</u>	Section number <u>5</u>	Town number <u>26</u>	Range number <u>39</u>
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: <u>BARNEY ATERS</u> Address: <u>SYRACUSE</u>			
Locate with "X" in section below: 				Sketch map:			
2 Type and color of material				From	To	4 Well depth: <u>492</u> ft. Date of completion <u>7-31-75</u> Well diameter <u>5</u> in.	
						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"/>	
						7 Casing: Material <u>Plastic</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>12</u> in. to <u>492</u> ft. depth Weight <u>250</u> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						8 Screen: Manufacturer <u>Jet Stream</u> Type <u>Slot</u> Dia. _____ Slot/gauze _____ Length _____ Set between <u>363</u> ft. and <u>492</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
						9 Static water level: <u>267</u> ft. below land surface Date <u>7-31-75</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>50</u> g.p.m.	
						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input checked="" 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 <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 type="checkbox"/> Not installed Manufacturer's name <u>Goulds</u> Model number _____ HP <u>1 1/2</u> Volts <u>230</u> Length of drop pipe <u>360</u> ft. capacity <u>12</u> g.p.m. 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 checked="" 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. <u>Fulton Drilling Co 300</u> Business name _____ License No. _____ Address <u>Syracuse</u> Signed <u>Stanley H. Fulton</u> Date <u>8-5-75</u> Authorized representative			