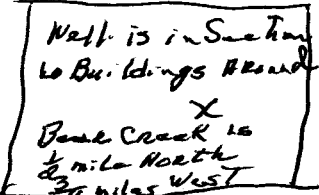


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Stanton</u>	Township name <u>Stanton</u>	Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section number <u>20</u>	Town number <u>28</u>	Range number <u>41</u>			
Distance and direction from nearest town or city: <u>3 miles West of Johnson, KS</u>				3 Owner of well: <u>Olie Cockechean</u> Address: <u>Johnson, Kansas 67855</u>					
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <u>525</u> ft. Date of completion <u>4-24-74</u> Well diameter <u>27</u> 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 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 type="checkbox"/> Test well <input type="checkbox"/>	
								7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>16</u> in. to <u>525</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
								8 Screen: Manufacturer <u>ARMCO Steel</u> Type <u>Steel</u> Dia. <u>16"</u> <input checked="" type="checkbox"/> Slot gauge <u>3/16"</u> Length <u>260'</u> Set between <u>425</u> ft. and <u>525</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
(use a second sheet if needed)								9 Static water level: _____ ft. below land surface Date _____	
								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 _____	
								12 Well head completion: <input type="checkbox"/> Pitless adapter <u>20</u> inches above grade	
16 Remarks: elevation Topography: <u>Land Slopes to West</u> <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley								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 <u>2</u> ft. to <u>10</u> ft.	
								14 Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input 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.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	
								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>Preeling Inc.</u> <u>210</u> Business name License No. Address <u>Box 457 Holly, Mo 64041</u> Signed <u>Preeling</u> Date _____ Authorized representative	

28 41W 20 NENESE