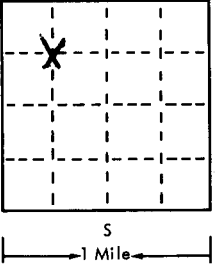


T		R		EW		sec	1/4	1/4	1/4	No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

County Stanton		Township name		Fraction Center of NW 1/4	Section number 24	Town number T 28 S	Range number R 41 W																																								
1 Location of well: 1 3/4 N. 1/4 E. of Johnson Street address of well location if in city:					3 Owner of well: Jim Dimitt Address: Johnson, KS																																										
Locate with "X" in section below: <div style="text-align: center;"></div>					Sketch map:																																										
<table border="1" style="width:100%; border-collapse: collapse;"><tr><th style="width:50%;">2</th><th style="width:30%;">Type and color of material</th><th style="width:10%;">From</th><th style="width:10%;">To</th></tr><tr><td colspan="4">See Attachment</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					2	Type and color of material	From	To	See Attachment																																				4 Well depth: 380 ft. Date of completion 4-15-75 Well diameter 26 in.		
					2	Type and color of material	From	To																																							
					See Attachment																																										
5 <input 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 checked="" 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 Steel Height: above /below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 16 in. to 380 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth!																																															
8 Screen: Manufacturer Brown Type Louvered Dia. 16" Slot/gauze 1/8" Length 80' Set between 300 ft. and 380 ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4"																																															
9 Static water level: 231 ft. below land surface Date 4-15-75																																															
10 Pumping level below land surfaces: 239 ft. after _____ hrs. pumping 1200 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: 12 <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade																																															
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft.																																															
14 Nearest source of possible contamination: none ft. _____ Direction _____ Type observe Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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																																															
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Flat					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. Henkle Drilling & Supply 145 Business name _____ License No. _____ Address Box 639, Garden City, KS Signed James W. Henkle Date 5/7 Authorized representative																																										

