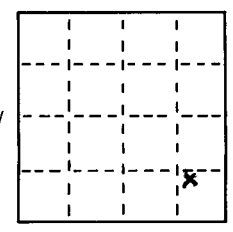
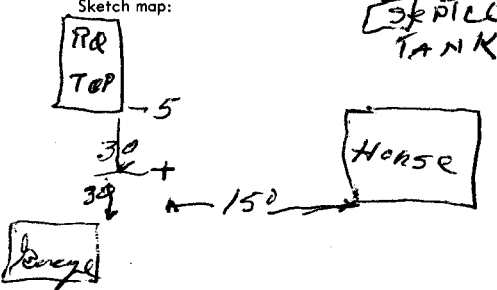


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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: <u>County VENETA</u> <u>BARBER</u>		Township name		Fraction <u>NW 34 SE</u>		Section number <u>9</u>		Town number <u>29S</u>		Range number <u>8W</u>							
Distance and direction from nearest town or city: <u>7 MI W 3/4 S</u>						3 Owner of well: <u>CON CRESS</u>											
Street address of well location if in city: <u>Spivey</u>						Address: <u>Spivey</u>											
Locate with "X" in section below: 						Sketch map: 						4 Well depth: <u>102</u> ft. Date of completion <u>1-30-76</u> Well diameter <u>4</u> in.					
2 Type and color of material						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>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>1 1/4</u> in. Diam. <u>4</u> in. Weight <u>15</u> lbs./ft. to <u>102</u> ft. depth Drive shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
						8 Screen: Manufacturer <u>Peerless</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>0.35</u> Length <u>10'</u> Set between <u>92</u> ft. and <u>102</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material											
						9 Static water level: <u>45</u> ft. below land surface Date <u>1-30-76</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>25</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 <u>3</u> ft. to <u>15</u> ft.											
						14 Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>Lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>JACUZZI</u> Model number <u>5545</u> HP <u>1/2</u> Volts <u>230</u> Length of drop pipe <u>94</u> ft. capacity <u>10</u> 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 <u>customer will place</u> <u>514 B</u>											
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>LYMAN BRIS</u> <u>140</u> Business name License No. Address <u>ML</u> Signed <u>W. H. Lyman</u> Date <u>1-30-76</u> Authorized representative																	