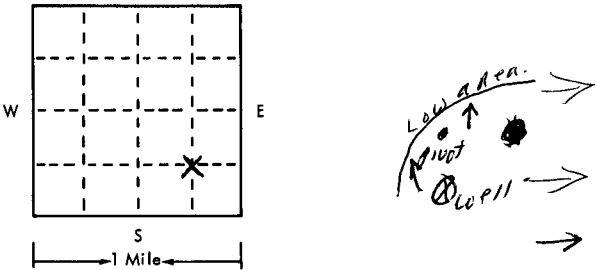


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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

1 Location of well:	County <u>Republic</u>	Township name <u>CSE 1/4</u>	Fraction <u>1/4</u>	Section number <u>31</u>	Town number <u>2</u>	Range number <u>4W</u>
2 Distance and direction from nearest town or city: Street address of well location if in city:			3 Owner of well: Address:			
Distance and direction from nearest town or city: <u>2 1/4 N. of Scandia</u> Street address of well location if in city: <u>Scandia</u>			Owner of well: <u>Larry Swearinger</u> Address: <u>Scandia</u>			
Locate with "X" in section below: Sketch map: 			4 Well depth: <u>48</u> ft. Date of completion <u>6-3-77</u> Well diameter <u>16</u> in. 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"/> _____ X Casing: Material <u>A-C</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ <u>16</u> in. to <u>48</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth:			
2			8 Screen:			
Type and color of material			Manufacturer <u>Johnson</u>			
Topsoil & clay			Type <u>Transite</u> Dia. <u>16"</u>			
Sand & Gravel			Slot/gauze <u>125</u> Length <u>31'</u>			
Gravel			Set between <u>17</u> ft. and <u>48</u> ft. _____			
Coarse gravel			Fittings:			
Clay			Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/2" - 1/4"</u>			
Sand & Gravel			9 Static water level:			
Clay			<u>10</u> ft. below land surface Date <u>6-3-77</u>			
Sand & Gravel			10 Pumping level below land surfaces:			
Clay			_____ ft. after _____ hrs. pumping _____ g.p.m.			
			<u>30</u> ft. after <u>1</u> hrs. pumping <u>840</u> g.p.m.			
			Estimated maximum yield <u>84</u> 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 <input checked="" type="checkbox"/> Inches above grade <u>12</u>			
			X 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 <u>0</u> ft. to <u>10</u> ft.			
			14 Nearest source of possible contamination:			
			ft. <u>5000</u> Direction <u>ANY</u> Type <u>None</u>			
			Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 Pump:			
			<input type="checkbox"/> Not installed			
			Manufacturer's name <u>Western Land Wells</u>			
			Model number <u>2mo30</u> HP _____ Volts _____			
			Length of drop pipe <u>48</u> ft. capacity <u>800</u> g.m.p.			
			Type:			
			<input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine			
			<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
			<input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation			17 Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Shuck Drilling Co. 277</u> Business name _____ License No. _____ Address <u>Edgar, Mo.</u> Signed <u>Dale Shuck</u> Date <u>6/4/77</u> Authorized representative			

20  
4W 31 CSE