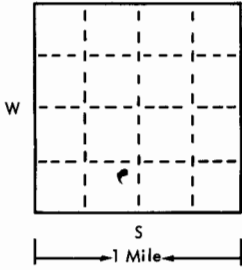


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 BARBER	Township name	Fraction NESES	Section number 4	Town number 325	Range number 10 W
Distance and direction from nearest town or city: 2 1/2 N 1/2 E			3 Owner of well: DAVID SCRIPSICK			
Street address of well location if in city: SHARON			Address: SHARON			
Locate with "X" in section below: N  W E			Sketch map: NE 1/4 SE 1/4 SW 1/4			4 Well depth: 32 ft. Date of completion 8-28-75 Well diameter 4 in.
2			Type and color of material		From	To
			SOIL		0	2
		SAND		2	19	
		Shale		19	32	
			8 Screen: Manufacturer PERRIESE Type PVC Dia. 4" Slot/gauze 3.5 Length 10 1/2 Set between 22 ft. and 22 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____			
			9 Static water level: 5 ft. below land surface Date 8-28-75			
			10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 40 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 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 5 ft. to 15 ft.			
			14 Nearest source of possible contamination NOWHERE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" 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.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			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. LYMAN BROS 140 Business name License No. Address WILKINSON Signed W.H. Lyman Date 8-28-75 Authorized representative			
			(use a second sheet if needed)			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5