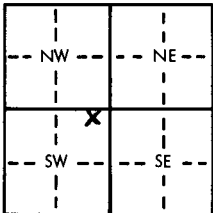


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

|  |  |   |   |   |                                 |   |  |
|--|--|---|---|---|---------------------------------|---|--|
| 1. Location of well:   |  | County<br><i>Republic</i>   | Fraction<br><i>NW 1/4 NE 1/4 SW 1/4</i> | Section number<br><i>17</i>   | Township number<br>T <i>3</i> S | Range number<br>R <i>4</i> E <i>(W)</i> |  |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:  |  | <i>1 W - 1/2 S - of<br/>Scandia</i>   |   | 3. Owner of well: <i>Robert Larson</i><br>R.R. or street: <i>#1</i><br>City, state, zip code: <i>Scandia, Kansas 66966</i>  |                                 |   |  |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile   |  | Sketch map:<br> |   | 6. Bore hole dia. <i>32</i> in. Completion date _____<br>Well depth <i>51</i> ft. <i>3-24-75</i>  |                                 |   |  |
| 5. Type and color of material  |  | From  | To                                      | 7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary  |                                 |   |  |
| <i>top soil</i>  |  | <i>0</i>  | <i>7</i>                                | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |                                 |   |  |
| <i>gravel</i>  |  | <i>7</i>  | <i>29</i>                               | 9. Casing: Material <i>AC</i> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft.<br>Dia. <i>0</i> in. to <i>51</i> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth Gage No. <i>3/4"</i>  |                                 |   |  |
| <i>sand</i>  |  | <i>29</i>   | <i>32</i>                               | 10. Screen: Manufacturer's name <i>Johnson</i><br><i>Concrete</i><br>Type <i>Transite</i> Dia. _____<br>Slot/gauge <i>1/8"</i> Length _____<br>Set between _____ ft. and _____ ft.<br>Gravel pack? <i>YES</i> Size range of material <i>1/4-1/2</i>   |                                 |   |  |
| <i>gravel</i>  |  | <i>32</i>   | <i>43</i>                               | 11. Static water level: _____ mo./day/yr.<br><i>10</i> ft. below land surface Date _____  |                                 |   |  |
| <i>finer gravel</i>  |  | <i>43</i>   | <i>51</i>                               | 12. Pumping level below land surfaces:<br><i>48</i> ft. after <i>1/2</i> hrs. pumping <i>750</i> g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield <i>750</i> g.p.m.   |                                 |   |  |
|  |  |   |   | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____   |                                 |   |  |
|  |  |   |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade  |                                 |   |  |
|  |  |   |   | 15. Well grouted? <del>YES</del> <i>NO</i><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <del>5</del> ft. to <del>50</del> ft.   |                                 |   |  |
|  |  |   |   | 16. Nearest source of possible contamination: <i>NONE</i><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                 |   |  |
|  |  |   |   | 17. Pump:<br>Not installed<br>Manufacturer's name <i>Jacuzzi</i><br>Model number <i>280</i> HP <i>15</i> Volts _____<br>Length of drop pipe <i>48</i> ft. capacity <i>250</i> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                 |   |  |
|  |  | (Use a second sheet if needed)  |   |   |                                 |   |  |
| 18. Elevation:<br><i>1450</i><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |  | 19. Remarks:  |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report<br>is true to the best of my knowledge and belief.<br><i>Earl Cox + Sons Inc</i> <i>258</i><br>Business name <i>Clyfton, Kansas</i> License No. _____<br>Address <i>Scandia, Kansas 66937</i><br>Signed <i>Thomas Cox</i> Date <i>7-23-75</i><br>Authorized representative  |                                 |   |  |