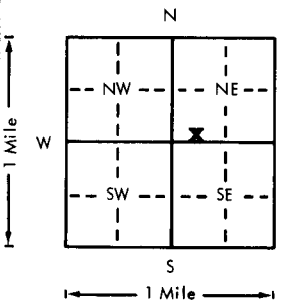


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <b>Republic</b>	Fraction <b>SE SW 1/4 NE 1/4 1/4</b>	Section number <b>9</b>	Township number <b>T 4 S R 4</b>	Range number <b>4</b>	<b>X</b> W		
2. Distance and direction from nearest town or city: <b>5 mile South of Scandia</b> Street address or well location if in city:				3. Owner of well: <b>Robert Carlgren</b> R.R. or street: <b>RR 2</b> City, state, zip code: <b>Concordia, KS 66901</b>					
4. Locate with "X" in section below: 				Sketch map:		6. Bore hole dia. <b>30</b> in. Completion date _____ Well depth <b>60</b> ft.			
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 <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary			
				<b>Topsoil &amp; Clay</b>		<b>0</b>	<b>26</b>	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				<b>S&amp;G M-C</b>		<b>26</b>	<b>59</b>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>24 above</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>19.75</b> lbs./ft. Dia. <b>16</b> in. to <b>60</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>63</b>	
				<b>Blue gravel</b>		<b>59</b>	<b>60</b>	10. Screen: Manufacturer's name _____ <b>Certainteed</b> Type <b>sawed slot</b> Dia. <b>16</b> Slot/gauze <b>.085</b> Length <b>20</b> Set between <b>40</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material _____	
				<b>Clay</b>		<b>60</b>	<b>62</b>	11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date _____	
(Use a second sheet if needed)						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
						14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade			
						15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				19. Remarks: <b>Redrill 30' from old well Farmer filled old well</b>		17. Pump: _____ Not installed Manufacturer's name <b>WLR</b> Model number <b>1-14CH</b> HP <b>20</b> Volts _____ Length of drop pipe <b>50</b> ft. capacity <b>1000</b> g.p.m. 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			
						20. 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. <b>Shuck Drilling Co 272</b> Business name _____ License No. _____ Address <b>Box 20 Rt 1 68935</b> <b>Edgar, NE</b> Signed _____ Date <b>7-21-89</b> Authorized representative			