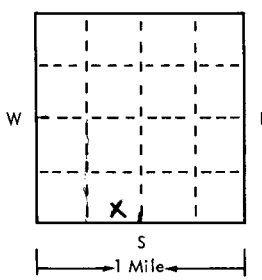


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Phillips	Township name	Fraction E 1/2 SW	Section number 17	Town number 5	Range number 19																																							
Distance and direction from nearest town or city: 3 South Logan			3 Owner of well: Bill Ashmore																																										
Street address of well location if in city: 3 1/2 East			Address: Logan KS																																										
Locate with "X" in section below: 			Sketch map:			4 Well depth: 56 ft. Date of completion 4-6-82 Well diameter 5 in.																																							
<table border="1"><thead><tr><th>2</th><th>Type and color of material</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td>Clay</td><td>0</td><td>16</td></tr><tr><td></td><td>Sand & gravel</td><td>16</td><td>54</td></tr><tr><td></td><td>Shale</td><td>54</td><td>56</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			2	Type and color of material	From	To		Clay	0	16		Sand & gravel	16	54		Shale	54	56																									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		
			2	Type and color of material	From	To																																							
				Clay	0	16																																							
				Sand & gravel	16	54																																							
				Shale	54	56																																							
6 Use: <input 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 checked="" type="checkbox"/> Stock well																																													
7 Casing: Material STC Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. Diam. 5 in. to 56 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5 in. to 56 ft. depth																																													
8 Screen: Manufacturer J & L Type slot Dia. 5" Slot/gauze 0.25 Length 10' Set between 46 ft. and 56 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4/6																																													
9 Static water level: 30 ft. below land surface Date 4-5																																													
10 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.																																													
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																																													
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 0 ft. to 10 ft.																																													
14 Nearest source of possible contamination: None 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 Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley Native grass																																													
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. Darrel M. Mason 490 Business name License No. Address Mission KS Signed Darrel M. Mason Date 4-21-82 Authorized representative																																													

5-19W-17
EHS