

**TRI-VALLEY IRRIGATION**  
 Water Well Drilling  
 Valley Self Propelled Sales and Service  
 Box 26, Norway, Kansas 66961

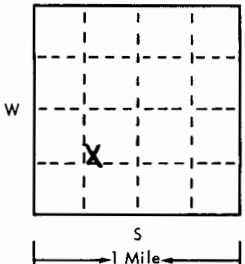
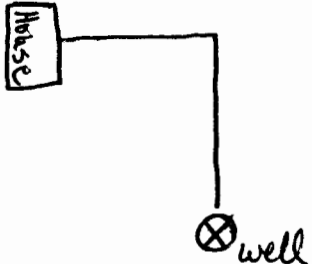
45

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 <b>Cloud</b>	Township name <b>Sibley</b>	Fraction <b>SW 1/4 NE 1/4 SW 1/4</b>	Section number <b>16</b>	Town number <b>5</b>	Range number <b>3</b>
Distance and direction from nearest town or city: <b>2 1/2 miles north of Concordia on Hiway 81 on the west side.</b>				3 Owner of well: <b>MRS. HARLAN JENSEN</b> Address: <b>RFD 2 Concordia, KS 66901</b>		
Locate with "X" in section below: N 		Sketch map: 		4 Well depth: <b>60</b> ft. Date of completion <b>4-14-76</b> Well diameter <b>5"</b> in.		
2 Type and color of material		From		To		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
						6 Use: <input checked="" 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
Brownish type clay		0		32		7 Casing: Material <b>RMP</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. Diam. <b>5</b> in. to <b>60</b> ft. depth Weight <b>300</b> lbs./ft. Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fine Sand		32		34		8 Screen: Manufacturer <b>Jones</b> Type <b>RPM</b> Dia. <b>5"</b> Slot/gauze <b>025</b> Length <b>10</b> Set between <b>40</b> ft. and <b>60</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/8"</b>
1/8" to 1/4" Gravel		34		60		9 Static water level: <b>30</b> ft. below land surface Date <b>4-14-76</b>
						10 Pumping level below land surfaces: <b>- No</b> ____ 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 checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
						<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neot cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From ____ ft. to ____ ft.
						14 Nearest source of possible contamination: ft. <b>100</b> Direction <b>south</b> Type <b>sewer</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Berkeley</b> Model number <b>1AM11</b> HP <b>1/2</b> Volts _____ Length of drop pipe <b>55</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" 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 <b>815</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						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. <b>Tri-Valley Drig 304</b> Business name _____ License No. _____ Address <b>Box 26 Norway, KS</b> Signed <b>Frank Miller</b> Date <b>05-26-76</b> Authorized representative

SEE 16 SURVEYS

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

Form WWC-5