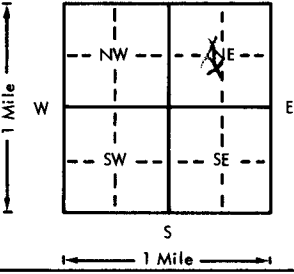


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>POTTAWATOMIE</u> Fraction <u>NE 1/4 NE 1/4 NE 1/4</u> Section number <u>1</u> Township number <u>T 10 S R 11</u> Range number <u>EW</u>	
2. Distance and direction from nearest town or city: <u>3/4 NW of ST. MARYS ON US-24</u> 3. Owner of well: <u>DR. L. K. OTTO</u> R.R. or street: _____ City, state, zip code: <u>ARLINGTON, NEBRASKA</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>TOP SOIL + CLAY</u>	<u>0 22</u>
<u>SAND</u>	<u>22 26</u>
<u>CLAY</u>	<u>26 30</u>
<u>GOOD GRAVEL</u>	<u>30 64</u>
<u>SAND ROCK + SHALE</u>	<u>64 72</u>
(Use a second sheet if needed)	
6. Bore hole dia. <u>30</u> in. Completion date <u>8/24/75</u> Well depth <u>62</u> ft.	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
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	9. Casing: Material <u>AC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>62</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>34</u>
10. Screen: Manufacturer's name <u>JOHNSON CONCRETE</u> Type <u>ASBESTOS CEMENT</u> <u>16</u> Slot/gauze <u>1/8"</u> Length <u>26</u> Set between <u>36</u> ft. and <u>62</u> ft. <u>   </u> ft. and <u>   </u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4" - 1/2"</u>	11. Static water level: <u>23</u> ft. below land surface Date <u>8/24/75</u> mo./day/yr.
12. Pumping level below land surfaces: <u>NO TEST</u> <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. <u>   </u> ft. after <u>   </u> hrs. pumping <u>   </u> g.p.m. Estimated maximum yield <u>1000</u> g.p.m.	13. Water sample submitted: <u>   </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u>   </u>
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade	15. Well grouted? <u>NO</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>   </u> ft. to <u>   </u> ft.
16. Nearest source of possible contamination: ft. <u>600</u> Direction <u>E</u> Type <u>CREEK</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>JACUZZI</u> Model number <u>LFC-4L</u> HP <u>20</u> Volts <u>230</u> Length of drop pipe <u>58</u> ft. capacity <u>1000</u> 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
18. Elevation: <u>950'</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:
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. <u>Geo Cox &amp; Sons, Inc 25P</u> Business name License No. Address <u>CLIFTON, KANSAS</u> Signed <u>Francis Cox</u> Date <u>11-28</u> Authorized representative	

T 10 S R 11 E  
 NE 1/4 NE 1/4 NE 1/4  
 Sec 1

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5