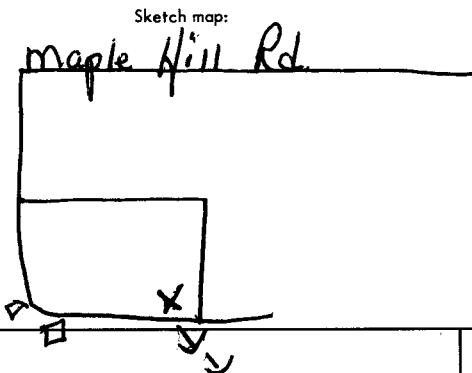


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Shawnee	Fraction SE 1/4 SW 1/4 SE 1/4	Section number 26	Township number T 10	Range number S R 12
2. Distance and direction from nearest town or city 1 mi. E of St. Marys, Kas.		Owner of well: Hesse Bros.			
on U.S. 24, 2 mi. So., 2 mi. E., 1 mi. So., 1 mi. E.		R.R. or street: c/o Mr. Burns Hesse			
Street address of well location if in city:		City, state, zip code: Rossville, Kas. 66533			
4. Locate with "X" in section below:		Sketch map: 		6. Bore hole dia. 30 in. Completion date 3-7-77	
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	
Soft brown sand		0	20	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	
Med. green gravel		20	23	9. Casing: Material Transite Height (Above or below surface) 12 in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 20 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 7/8	
Med. green gravel & gray clay		23	26	10. Screen: Manufacturer's name Johnson Well Type Transite Dia. 16" Slot/gauze 1/8x8 Length 26' Set between 46 ft. and 20 ft. ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 5/8	
Med. to large green gravel		26	46	11. Static water level: <input type="checkbox"/> mo./day/yr. 18 ft. below land surface Date 12-10-76	
Hard gray clay-stopped.		46		12. Pumping level below land surfaces: 28 ft. after 1 hrs. pumping 800 g.p.m. 35 ft. after 3 hrs. pumping 1000 g.p.m. Estimated maximum yield 1100 g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
				16. Nearest source of possible contamination: ft. 3000 Direction south Type river Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. 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	
				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. Hoobler Drilling Co. 323 Business name License No. Address St. Marys, Kas. 66536 Signed Don Halsey Date 3-14-77 Authorized representative	
18. Elevation: 888 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: We do not install pumps.				

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

Form WWC-5