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 Cantractors) Topeka, Kansas 66620

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Range number Section number Township number County Fraction NE 1. Location of well: 10 Wabuunsee IF 1/4 1/4 SW 1/4 ŒW. 2. Distance and direction from nearest town or city: 4ω -3. Owner of well: Walter R.R. or street: Street address of well location if in city: City, state, zip code: Mapel, 1) moble H. VI 4. Locate with "X" in section below: Well depth 🚜 ft. 7. _ Cable tool Rotary _ Hollow rod __ Jetted - NW --- NE -8. Use: Domestic __ Public supply <u>X</u> W __ Irrigation __ Air conditioning __ Stock Oil field water 9. Casing: Material We Height: Above or below masil __ Welded _ Surface . Threoded ___ RMP_____PV SINE Weight 2.74 lbs./ft S Dia. 5 in. to 40 ft. depth Wall Thickness: inches or 1 Mile Dia. ___ in. to ___ ft. depth gage No. __ 5. Type and color of material From 10. Screen: Manufacturer's pame 9 Gravel pack? Size range of material 11. Static water level: mo./day/yr _ft. below land surface Date 12. Pumping level below land surfaces: ___ ft. after _ _ hrs. pumping . __ ft.after _ _ hrs. pumping 30 Estimated maximum yield 25 _g.p.m. 13. Water sample submitted: mo./day/yr. Ž–N∘ 14. Well head completion: Top Cop

Pitless adapter 24 Inches above grade 15. Well grouted? With: Neat cement Bentoni te Depth: From _____ ft. to _____ ft. 16. Nearest source of possible contamination: ft. 200 Direction HW Type And Well disinfected upon completion? ______ Yes 17. Pump: _____Not installed Manufacturer's name _ Model number _ _ HP _ Length of drop pipe ft. capacity ____g.p.m. Type: ____ Submersible _ Turbine __ Jet __ Reciprocating _ Centrifugal (Use a second sheet if needed) Other 19. Remarks: 20. Water well contractor's certification: 18. Elevation: owner to install slas This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Topography: Hill Slope Upland

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

Form WWC-5