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V/BRT

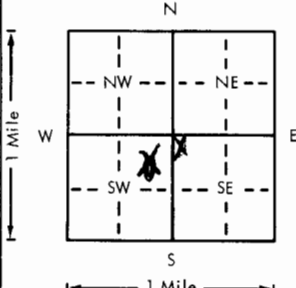

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USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

SWNWSE dbc (on line w/ #66)

1. Location of well: County <u>Shawnee</u>		Fraction <u>NE NE SE</u> NE 1/4 NE 1/4 SE 1/4		Section number <u>4</u>	Township number T <u>10</u> R <u>19</u> <u>EW</u>	Range number <u>19</u>
2. Distance and direction from nearest town or city: <u>2.2 N of</u> Street address of well location if in city: <u>Grove</u>			3. Owner of well: <u>Phil Mills &</u> R.R. or street: <u>2031 Oakley</u> City, state, zip code: <u>Topeka, Kans 66601</u>			
4. Locate with "X" in section below: 			Sketch map: 		6. Bore hole dia. <u>12</u> in. Completion date <u>6-5-79</u> Well depth <u>50</u> ft.	
5. Type and color of material			From	To	7. <input checked="" 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	
<u>TOP SOIL</u>			<u>0</u>	<u>6</u>	8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Clay, brown</u>			<u>6</u>	<u>28</u>	9. Casing: Material <u>PVC</u> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>29</u> in. RMP <u>PVC 9L</u> Weight <u>282</u> lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>50</u> ft. depth gage No. <u>1258</u>	
<u>FINE SAND - COURSE SAND, GRAVEL, WATER BEATING</u>			<u>28</u>	<u>30</u>	10. Screen: Manufacturer's name <u>Pumpco MPI</u> Type <u>PVC</u> Dia. <u>5</u> Slot gauze <u>.020</u> Length <u>20</u> Set between <u>20</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>230x.060</u>	
<u>Shale, gray</u>			<u>30</u>	<u>50</u>	11. Static water level: <u>12</u> ft. below land surface Date <u>6-5-79</u> mo./day/yr.	
					12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
					13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
					14. Well head completion: <u>04P</u> <input type="checkbox"/> Pitless adapter <u>29</u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.	
					16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>S</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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	
(Use a second sheet if needed)						
18. Elevation: <u>977.2</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <u>OWNER TO INSTALL STAB</u>		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>STRADER DRILLING CO INC 182</u> Business name License No. _____ Address <u>RT1 Holton, KS</u> Signed <u>Dale Adams</u> Date <u>6-7-79</u> Authorized representative		

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

Form WWC-5

BR = 947
V = 968