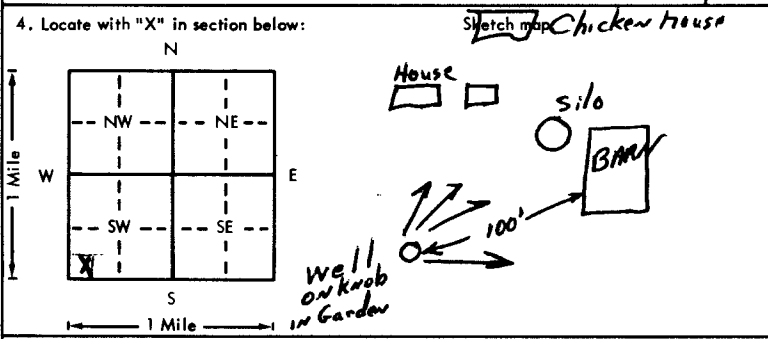


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>CLAY</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>18</b>	Township number <b>T 10 S R 4</b>	Range number <b>EW</b>
2. Distance and direction from nearest town or city: <b>2 mile South of Wakefield</b> Street address of well location if in city:				3. Owner of well: <b>Paul Roles</b> R.R. or street: <b>R1 Wakefield Kansas</b> City, state, zip code:		
4. Locate with "X" in section below: 				6. Bore hole dia. <b>6 1/2</b> in. Completion date <b>1-29-76</b> Well depth <b>75</b> ft.		
5. Type and color of material				7. <input checked="" 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 type="checkbox"/> Reverse rotary		
				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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <b>Pite</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>g1</b> Surface <b>16</b> in. RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>54</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>200</b>		
				10. Screen: Manufacturer's name <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauge <b>1/16</b> Length <b>21'</b> Set between <b>54</b> ft. and <b>75</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-1/2</b>		
				11. Static water level: _____ mo./day/yr. <b>41</b> ft. below land surface Date <b>1-29-76</b>		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>16</b> Inches above grade		
				15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>NE</b> Type <b>Barn</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ 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		
18. Elevation:		19. Remarks: <b>4'x4'x4" reinforced concrete slab to be installed by customer. He knows this is a regulation</b> <b>x Paul Roles</b>		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. <b>Zinn Water Well Drilling 218</b> Business name _____ License No. _____ Address <b>Lost Springs, Kan</b> Signed <b>Joseph A. Zinn</b> Date <b>1-29-76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 10 S R 4 EW 18 SUSUSU 1/4 1/4 1/4

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

Form WWC-5