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

WATER WELL RECORD
KSA 82a-1201-1215

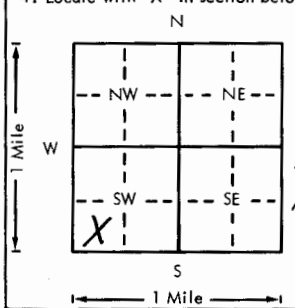
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	POTTAWATOMIE	SW 1/4 SW 1/4 SW 1/4	10	T 10 (S)	R 9 (E) W

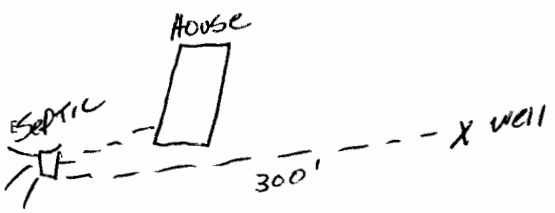
2. Distance and direction from nearest town or city: 1 E OF
Street address of well location if in city: ST. GEORGE

3. Owner of well: THOMAS FORRELL
R.R. or street: RFD
City, state, zip code: WAMEGO, KS 66547

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 12 in. Completion date
Well depth 95 ft. 11-13-78

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: ✓ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC 9L Weight 2.50 lbs./ft.
Dia. 5 in. to 95 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1274

5. Type and color of material	From	To
TOP SOIL	0	5
CLAY, BROWN	5	10
FINE SAND, SILTY	10	93
SHALE, GREY	93	95

10. Screen: Manufacturer's name
PUMPCO, MPI
Type PVC Dia. 5
Slot/gauze .020 Length 10
Set between 83 ft. and 93 ft.
____ ft. and ____ ft.
Gravel pack? ✓ Size range of material .030X.060

11. Static water level: mo./day/yr.
70 ft. below land surface Date 11-13-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 20 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date

14. Well head completion: CAP
__ Pitless adapter 24 Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ____ Bentonite ____ Concrete
Depth: From 5 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 300 Direction W Type SEPTIC
Well disinfected upon completion? ✓ Yes ____ No

17. Pump: ✓ Not installed
Manufacturer's name
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

(Use a second sheet if needed)

18. Elevation:

Topography:
✓ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
OWNER TO INSTALL SLAB

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.
STRADER DRLG CO 182
Business name License No.
Address RT 1 HOLTON, KS
Signed Dale Askren Date 11-14-78
Authorized representative

T 10 R 9 (E) W Sec 10 1/4 SW 1/4 SW 1/4 SW

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

Form WWC-5

MI-1023