

49

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD KSA 82a-1201-1215

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740 Topeka, Kansas 66620

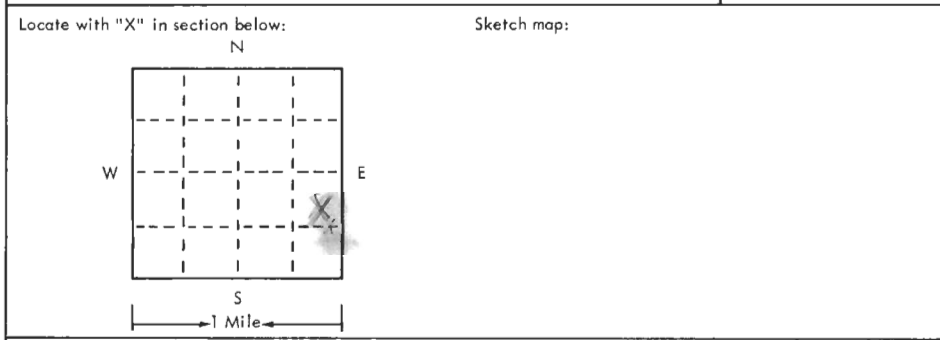
DRA

|                     |                              |               |                              |                             |                           |                            |
|---------------------|------------------------------|---------------|------------------------------|-----------------------------|---------------------------|----------------------------|
| 1 Location of well: | County<br><b>Leavenworth</b> | Township name | Fraction<br><b>SE 1/4 SE</b> | Section number<br><b>16</b> | Town number<br><b>11S</b> | Range number<br><b>22E</b> |
|---------------------|------------------------------|---------------|------------------------------|-----------------------------|---------------------------|----------------------------|

Distance and direction from nearest town or city: **NE**

Street address of well location if in city:

3 Owner of well: **Vaughn Stoner**  
Address: **Rt 2 Box 98 Bonner Springs**



4 Well depth: **675** ft. Date of completion **10-17-77**  
Well diameter \_\_\_\_\_ in.

5  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored  Reverse rotary

6 Use:  Domestic  Public supply  Industry  
 Irrigation  Air conditioning  Commercial  
 Test well  \_\_\_\_\_

7 Casing: Material **Steel** Height: above/below  
Threaded  Welded  Surface \_\_\_\_\_ in.  
Diam. \_\_\_\_\_ Weight \_\_\_\_\_ lbs./ft. \_\_\_\_\_  
**6** in. to **75** ft. depth Drive shoe?  Yes  No  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

| 2 | Type and color of material     | From | To  |
|---|--------------------------------|------|-----|
|   | Clay                           | 0    | 12  |
|   | <del>KNAM</del> Sand           | 12   | 15  |
|   | clay                           | 15   | 25  |
|   | sandstone                      | 25   | 68  |
|   | lime                           | 68   | 75  |
|   | shale                          | 75   | 78  |
|   | lime                           | 78   | 93  |
|   | shale                          | 93   | 94  |
|   | slate black                    | 94   | 98  |
|   | lime                           | 98   | 102 |
|   | shale                          | 102  | 125 |
|   | lime                           | 125  | 146 |
|   | shale                          | 146  | 166 |
|   | lime                           | 166  | 173 |
|   | shale                          | 173  | 176 |
|   | (use a second sheet if needed) |      |     |

8 Screen: Manufacturer **none**  
Type \_\_\_\_\_ Dia. \_\_\_\_\_  
Slot/gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft. \_\_\_\_\_  
Fittings: Gravel pack  Yes  No Size range of material \_\_\_\_\_

9 Static water level: \_\_\_\_\_ ft. below land surface Date \_\_\_\_\_

10 Pumping level below land surfaces:  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.  
Estimated maximum yield \_\_\_\_\_ g.p.m.

11 Water sample submitted:  
 Yes  No Date **none**

12 Well head completion:  
 Pitless adapter  Inches above grade

13 Well grouted?  Yes  No  
 Neat cement  Bentonite  \_\_\_\_\_  
Depth: From **0** ft. to **75** ft.

14 Nearest source of possible contamination:  
ft. \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion?  Yes  No

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

16 Remarks: elevation **955'**  
Topography:  
 Hill  
 Slope  
 Upland  
 Valley

17 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.  
**Cullum & Brown, Inc.**  
Business name \_\_\_\_\_ License No. \_\_\_\_\_  
Address **N. Kansas City, MO**  
Signed \_\_\_\_\_ Date \_\_\_\_\_  
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWG-5

BR elev = 930  
V = ?

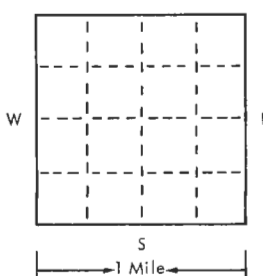
Probably test for gas - 1970

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WATER WELL RECORD  
KSA 82a-1201-1215

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(Water Well Contractors)  
Forbes-Bldg. 740  
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| 1 Location of well:  | County | Township name | Fraction   | Section number   | Town number | Range number |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|--|--------|---------------|--|--|-------------|--------------|------|----|---------|-------|--|---------|------|----|---------|-------|--|---------|------|---|---------|-------|--|---------|------|---|---------|-------|--|---------|------|----|---------|-------|--|---------|------|--|---------|-------|--|---------|------|--|---------|-------|--|---------|------|--|---------|--------------------------------|--|--|---|--|--|
| Distance and direction from nearest town or city:<br>Street address of well location if in city:   |        |               |  | 3 Owner of well:<br>Address:   |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile  |        |               |  | Sketch map:  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">lime</td> <td style="text-align:center;">16</td> <td style="text-align:center;">176 192</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">192 204</td> </tr> <tr> <td style="text-align:center;">lime</td> <td style="text-align:center;">42</td> <td style="text-align:center;">204 246</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">246 248</td> </tr> <tr> <td style="text-align:center;">lime</td> <td style="text-align:center;">6</td> <td style="text-align:center;">248 254</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">254 256</td> </tr> <tr> <td style="text-align:center;">lime</td> <td style="text-align:center;">2</td> <td style="text-align:center;">256 258</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">258 269</td> </tr> <tr> <td style="text-align:center;">lime</td> <td style="text-align:center;">12</td> <td style="text-align:center;">269 281</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">281 291</td> </tr> <tr> <td style="text-align:center;">lime</td> <td></td> <td style="text-align:center;">291 298</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">298 319</td> </tr> <tr> <td style="text-align:center;">lime</td> <td></td> <td style="text-align:center;">319 321</td> </tr> <tr> <td style="text-align:center;">shale</td> <td></td> <td style="text-align:center;">321 323</td> </tr> <tr> <td style="text-align:center;">lime</td> <td></td> <td style="text-align:center;">323 336</td> </tr> <tr> <td colspan="3" style="text-align:center;">(use a second sheet if needed)</td> </tr> </tbody> </table> |        |               |  | 2 Type and color of material   | From        | To           | lime | 16 | 176 192 | shale |  | 192 204 | lime | 42 | 204 246 | shale |  | 246 248 | lime | 6 | 248 254 | shale |  | 254 256 | lime | 2 | 256 258 | shale |  | 258 269 | lime | 12 | 269 281 | shale |  | 281 291 | lime |  | 291 298 | shale |  | 298 319 | lime |  | 319 321 | shale |  | 321 323 | lime |  | 323 336 | (use a second sheet if needed) |  |  | 4 Well depth: _____ ft. Date of completion _____<br>Well diameter _____ in. |  |  |
|  |        |               |  | 2 Type and color of material   | From        | To           |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | lime   | 16          | 176 192      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | shale  |             | 192 204      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | lime   | 42          | 204 246      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | shale  |             | 246 248      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | lime   | 6           | 248 254      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | shale  |             | 254 256      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | lime   | 2           | 256 258      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               |  | shale  |             | 258 269      |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| lime   | 12     | 269 281       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| shale  |        | 281 291       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| lime   |        | 291 298       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| shale  |        | 298 319       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| lime   |        | 319 321       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| shale  |        | 321 323       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| lime   |        | 323 336       |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| (use a second sheet if needed)   |        |               |  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/> _____  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 7 Casing: Material _____ Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in.<br>Diam. _____ Weight _____ lbs./ft. _____<br>_____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ in. to _____ ft. depth  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 8 Screen:<br>Manufacturer _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft. _____<br>Fittings:<br>Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____   |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 9 Static water level:<br>_____ ft. below land surface Date _____   |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 10 Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade   |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From _____ ft. to _____ ft.  |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 14 Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
|  |        |               | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| 16 Remarks: elevation  |        |               |  | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |
| Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley   |        |               |  | Business name _____ License No. _____<br>Address _____<br>Signed _____ Date _____<br>Authorized representative   |             |              |      |    |         |       |  |         |      |    |         |       |  |         |      |   |         |       |  |         |      |   |         |       |  |         |      |    |         |       |  |         |      |  |         |       |  |         |      |  |         |       |  |         |      |  |         |                                |  |  |   |  |  |

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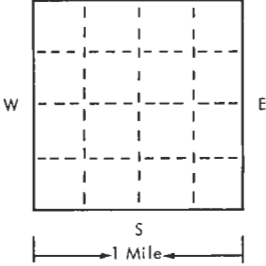
Form WWC-5

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T R EW sec 1/4 1/4 1/4 No.

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KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|   |        |               |             |  |  |   |  |  |
|---|--------|---------------|-------------|--|--|---|--|--|
| 1 Location of well:   | County | Township name | Fraction    | Section number   | Town number  | Range number  |  |  |
| Distance and direction from nearest town or city:<br>Street address of well location if in city:  |        |               |             | 3 Owner of well:<br>Address:   |  |   |  |  |
| Locate with "X" in section below:<br>N<br><br>W E<br>S<br>1 Mile                                 |        |               | Sketch map: |  |  | 4 Well depth: _____ ft. Date of completion _____<br>Well diameter _____ in. |  |  |
| 2 Type and color of material  |        |               | From        | To   | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary |   |  |  |
|   |        |               | shale       |  | 336  | 337   | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/> _____  |  |
|   |        |               | lime        |  | 337  | 352   | 7 Casing: Material _____ Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in.<br>Diam. _____ Weight _____ lbs./ft.<br>_____ in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ in. to _____ ft. depth!  |  |
|   |        |               | shale       |  | 352  | 355   | 8 Screen:<br>Manufacturer _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft. _____<br>Fittings:<br>Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____   |  |
|   |        |               | slate black |  | 355  | 356   | 9 Static water level:<br>_____ ft. below land surface Date _____   |  |
|   |        |               | shale       |  | 356  | 360   | 10 Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |  |
|   |        |               | lime        |  | 360  | 384   | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____  |  |
|   |        |               | slate black |  | 384  | 386   | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade   |  |
|   |        |               | lime        |  | 386  | 391   | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From _____ ft. to _____ ft.  |  |
|   |        |               | shale       |  | 391  | 393   | 14 Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|   |        |               | lime        |  | 393  | 402   | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
|   |        |               | shale       |  | 402  | 404   |  |  |
|   |        |               | shale red   |  | 404  | 410   |  |  |
|   |        |               | lime        |  | 410  | 412   |  |  |
|   |        |               | shale       |  | 412  | 515   |  |  |
| lime  |        | 515           | 519         |  |  |   |  |  |
| (use a second sheet if needed)  |        |               |             |  |  |   |  |  |
| 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley |        |               |             | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><br>Business name _____ License No. _____<br>Address _____<br>Signed _____ Date _____<br>Authorized representative |  |   |  |  |

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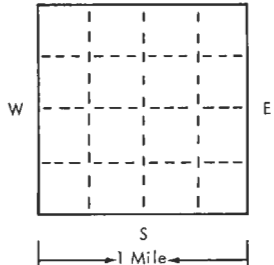
Form WWIC-5

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

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

|   |        |               |                            |                              |   |              |  |  |
|---|--------|---------------|----------------------------|------------------------------|---|--------------|--|--|
| 1 Location of well:   | County | Township name | Fraction                   | Section number               | Town number   | Range number |  |  |
| Distance and direction from nearest town or city:<br>Street address of well location if in city:                            |        |               |                            | 3 Owner of well:<br>Address: |   |              |  |  |
| Locate with "X" in section below:<br>N<br> |        |               | Sketch map:                |                              | 4 Well depth: _____ ft. Date of completion _____<br>Well diameter _____ in.   |              |  |  |
| 2   |        |               | Type and color of material |                              | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary                                    |              |  |  |
|   |        |               |                            |                              | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input type="checkbox"/> _____         |              |  |  |
| From  |        |               | To                         |                              | 7 Casing: Material _____ Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in.<br>Diam. _____ Weight _____ lbs./ft. _____<br>_____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ in. to _____ ft. depth |              |  |  |
|   |        |               |                            |                              | 8 Screen:<br>Manufacturer _____<br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft. _____<br>Fittings:<br>Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____  |              |  |  |
| shale   |        |               | 519                        |                              | 555   |              | 9 Static water level:<br>_____ ft. below land surface Date _____   |  |
|   |        |               |                            |                              |   |              | 10 Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |  |
| sandy shale   |        |               | 555                        |                              | 565   |              | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date _____  |  |
|   |        |               |                            |                              |   |              | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade   |  |
| lime  |        |               | 565                        |                              | 571   |              | 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____<br>Depth: From _____ ft. to _____ ft.  |  |
|   |        |               |                            |                              |   |              | 14 Nearest source of possible contamination:<br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| shale   |        |               | 571                        |                              | 582   |              | 15 Pump: <input type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.m.p.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
|   |        |               |                            |                              |   |              | 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley  |  |
| shale   |        |               | 582                        |                              | 588   |              | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><br>Business name _____ License No. _____<br>Address _____<br>Signed _____ Date _____<br>Authorized representative   |  |
|   |        |               |                            |                              |   |              | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><br>Business name _____ License No. _____<br>Address _____<br>Signed _____ Date _____<br>Authorized representative   |  |
| lime  |        |               | 589                        |                              | 591   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| shale   |        |               | 591                        |                              | 613   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| lime  |        |               | 613                        |                              | 616   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| sandy shale   |        |               | 616                        |                              | 628   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| lime  |        |               | 628                        |                              | 631   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| shale   |        |               | 631                        |                              | 648   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| lime  |        |               | 648                        |                              | 650   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| sandy shale   |        |               | 650                        |                              | 655   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| lime  |        |               | 655                        |                              | 657   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| shale   |        |               | 657                        |                              | 670   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |
| (use a second sheet if needed)  |        |               | 670                        |                              | 675   |              |  |  |
|   |        |               |                            |                              |   |              |  |  |

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Form WWC-5