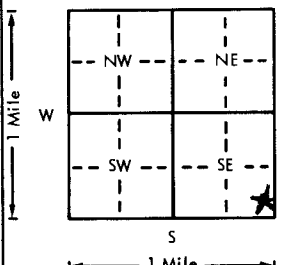


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Dickinson</u> Fraction <u>Se 1/4 Se 1/4 Se 1/4</u> Section number <u>1</u> Township number <u>T 12 S R 3</u> Range number <u>3</u>	
2. Distance and direction from nearest town or city: <u>4 N 1 W on Chapman</u> 3. Owner of well: <u>Hamilton</u> Street address of well location if in city: <u>Chapman</u> R.R. or street: <u>RR 2</u> City, state, zip code: <u>Chapman, KS 67431</u>	
4. Locate with "X" in section below: Sketch map:  <p>Highway 18 North Side of Road Sec 1 in Noble Township</p>	
6. Bore hole dia. <u>8 1/2</u> in. Completion date <u>8-10-77</u> Well depth <u>86</u> ft.	
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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>15</u> in. RMP <u>5</u> PVC <input checked="" type="checkbox"/> Weight <u>2440</u> lbs./ft. Dia. <u>3</u> in. to <u>8 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>3</u> in. to <u>8 1/2</u> ft. depth gage No. <u>238</u>	
10. Screen: Manufacturer's name <u>ASPCM</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>3/8</u> Length <u>15</u> Set between <u>71</u> ft. and <u>86</u> ft. ft. and <u>38</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/8</u>	
11. Static water level: <u>42</u> mo./day/yr. ft. below land surface Date <u>8-10-77</u>	
12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </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>3</u> ft. to <u>13</u> ft.	
16. Nearest source of possible contamination: <u>Jewer</u> ft. <u>75</u> Direction <u>NW</u> Type <u>line</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>owner to run concrete slab around well 4'x4'x4"</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>Backhus Drgl 180</u> Business name <u>Jampa, Kcs</u> License No. <u> </u> Address <u> </u> Signed <u>Paul Backhus</u> Date <u>8-10-77</u> Authorized representative	

SECTION 12
 R 30
 SE SE SE
 1/4 1/4 1/4

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

Form WWC-5