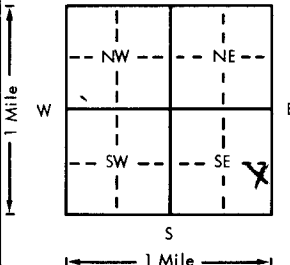


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>N 1/4 S 1/4 E 1/4</u>	Section number <u>1</u>	Township number <u>T 12 S R</u>	Range number <u>X 3 E 20</u>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<u>3 1/2 N 1 W</u> <u>Chapman</u>		3. Owner of well: <u>E. S. Chamberlin</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: N W E S 1 Mile	Sketch map: 		6. Bore hole dia. <u>4</u> in. Completion date Well depth <u>85</u> ft. <u>12-29-76</u>		
5. Type and color of material	From	To	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		
<u>Top Soil</u>	<u>0</u>	<u>4</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>lime Stone</u>	<u>4</u>	<u>35</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>20</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>240</u> lbs./ft. Dia. <u>5</u> in. to <u>8.5</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>8.5</u> ft. depth gage No. <u>258</u>		
<u>Yellow Clay</u>	<u>35</u>	<u>45</u>	10. Screens: Manufacturer's name <u>D.V. M.</u>		
<u>Some water</u>	<u>45</u>		Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>40</u> Length <u>20</u> Set between <u>40</u> ft. and <u>50</u> ft. <u>75</u> ft. and <u>85</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20</u>		
<u>lime Stone</u>	<u>45</u>	<u>60</u>	11. Static water level: _____ mo./day/yr. <u>55</u> ft. below land surface Date <u>12-29-76</u>		
<u>Red Shale</u>	<u>60</u>	<u>80</u>	12. 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.		
<u>water</u>	<u>80</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>Gray Rock</u>	<u>80</u>	<u>85</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.		
			16. Nearest source of possible contamination: <u>SEPTIC</u> ft. <u>106</u> Direction <u>N</u> Type <u>Junk</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 _____ 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: <u>owner to run concrete slab around well</u> <u>4' x 4' x 4'</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 Drg. 180</u> Business name _____ License No. _____ Address <u>Tampa, KS.</u> Signed <u>Paul Backhus</u> Date <u>1-9-77</u> Authorized representative		

T 12 S R 3 E 1 N E S E S E

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

Form WWC-5