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

WATER WELL RECORD
KSA 82a-1201-1215

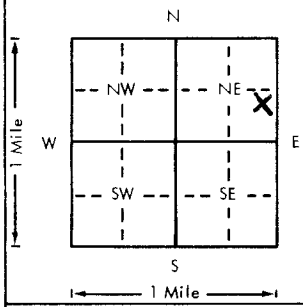
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Dickinson	NE 1/4 SE 1/4 NE 1/4	24	T 12 S	R 3 E/W

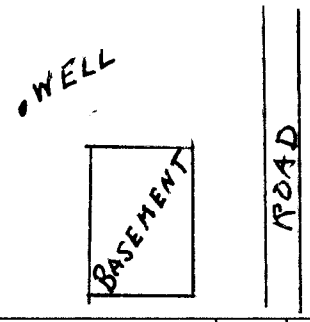
2. Distance and direction from nearest town or city: 1 mile west & 2 north of Chapman
Street address of well location if in city:

3. Owner of well: Larry Avery
R.R. or street: R.R. # 2
City, state, zip code: Chapman, Kansas

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 8 in. Completion date
Well depth 85 ft. 8/17/78

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

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

9. Casing: Material plst Height: Above or ~~below~~
Threaded ___ Welded gl Surface 18 in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 85 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 0.258

5. Type and color of material	From	To
Top soil	0	1
Yellow clay	1	6
Flint rock	6	12
Yellow clay	12	35
Flint rock	35	40
Red clay	40	55
Limestone and flint	55	85
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Western Plastics
Type RMP Dia. 5"
Slot/gauze 3/32 Length 40
Set between 45 ft. and 85 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 1/16 to 3/8

11. Static water level: mo./day/yr.
55 ft. below land surface Date 8/17/78

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 X No Date

14. Well head completion:
__ Pitless adapter 18 Inches above grade

15. Well grouted? Yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. 700' Direction north Type septic
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

18. Elevation:

Topography:
X Hill
X Slope
__ Upland
__ Valley

19. Remarks:

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.
Rader Drilling Co. 194
Business name License No.
Address Carlton, Kans. 67429
Signed Brent E Rader Date 10-2-78
Authorized representative

T 12 R 3 E/W Sec 24 1/4 NE 1/4 SE 1/4 NE 1/4

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

Form WWC-5

MI-1023