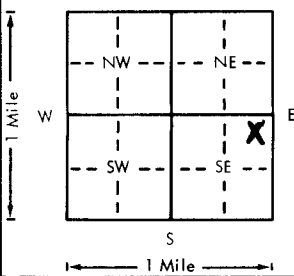


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Dickinson</b> Fraction <b>NE 1/4 NE 1/4 SE 1/4</b> Section number <b>30</b> Township number <b>T 12 S R 4</b> Range number <b>4</b> E/W	
2. Distance and direction from nearest town or city: <b>1/2 M. W of Chapman KS</b> Street address of well location if in city: _____	
3. Owner of well: <b>Bob Diehl 67431</b> R.R. or street: _____ City, state, zip code: <b>Chapman KS. 67422</b>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
Clay Brown Sandy fine	0 10
" "	10 20
" "	20 30
" + yellow	30 33
Lime Rock yellow	33 40
Clay Green	40 45
Lime Rock Gray	45 50
Clay Green	50 54
Lime Rock White	54 58
Clay White	58 60
Lime Rock yellow	60 61
(Use a second sheet if needed)	
6. Bore hole dia. <b>8</b> in. Completion date <b>11-3-78</b> Well depth <b>61</b> 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	9. Casing: Material <b>PLST.</b> Height: Above or below _____ Threaded _____ Welded <b>blue</b> Surface <b>14</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>61</b> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch. 40</b>
10. Screen: Manufacturer's name <b>Pumpco</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze _____ Length <b>10</b> Set between <b>1650</b> ft. and <b>60</b> ft. _____ ft. and _____ ft. Gravel pack? <b>Yes</b> Size range of material <b>1/8-1/2</b>	11. Static water level: _____ mo./day/yr. <b>50</b> ft. below land surface Date <b>11-3-78</b>
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.	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.
16. Nearest source of possible contamination: _____ ft. _____ Direction <b>S</b> Type <b>Stock pens</b> 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: _____ Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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. <b>Harper Dlg Serv. 176</b> Business name _____ License No. _____ Address <b>Blue Rapids 66411</b> Signed <b>C. Harper</b> Date <b>11-3-78</b> Authorized representative	

T 12 S R 4 W 40 30 NE NE SE 1/4 1/4 1/4

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

Form WWC-5