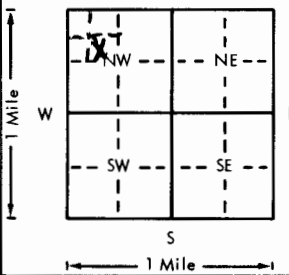


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>SE 1/4 NW 1/4 NW 1/4</b>	Section number <b>31</b>	Township number <b>T 12 S</b>	Range number <b>R 4 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>James Price</b> R.R. or street: <b>R. 2 Box 74</b> City, state, zip code: <b>Chapman, Kansas 67431</b>		
4. Locate with "X" in section below: 			Sketch map: <b>Drilled in pasture</b>		
5. Type and color of material			From	To	6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>123</b> ft. <b>11/2/76</b>
Top soil			0	2	7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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
Limestone			2	22	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
Red clay, shale			22	40	9. Casing: Material <b>plst</b> Height: Above <del>water</del> Threaded _____ Welded <b>gl</b> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>123</b> ft. depth   Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <b>0.258</b>
Limestone & flint			40	100	10. Screen: Manufacturer's name <b>Western Plastics</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>3/32</b> Length <b>50'</b> Set between <b>73</b> ft. and <b>123</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> <b>yes</b> Size range of material <b>1/16 to 3/8</b>
Hard shale, gray			100	123	11. Static water level: <b>83</b> ft. below land surface Date <b>11/2/76</b> mo./day/yr.
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>7</b> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>18</b> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. <b>800'</b> Direction <b>west</b> Type <b>sewer</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 _____ Valts _____ 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
			(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:  <b>Customer will construct concrete slab.</b>		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>Rader Drilling Co. 194</b> Business name License No. Address <b>Carlton, Kansas</b> Signed <b>Brent C Rader</b> Date <b>11-30-76</b> Authorized representative		

T 12 S R 4 E W 31 SE 1/4 NW 1/4

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

Form WWC-5