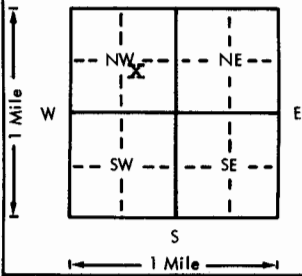


USE TYPE WATER OR BALL
POINT PEN - PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

SESE NW

1. Location of well:	County Johnson	Fraction NW 1/4 SE 1/4 NW 1/4	Section number 13	Township number 13	Range number 22 (EW)
2. Distance and direction from nearest town or city: Street address of well location if in city: 4 1/2 mi. west & 2 3/4 mi. north of Olathe			3. Owner of well: Mr. Dean Wall R.R. or street: 115th & Moonlight Lane City, state, zip code: Olathe, Kansas		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W  E S 1 Mile</div>			Sketch map: <div style="float: right;">6. Bore hole dia. _____ in. Completion date 11-27-75 Well depth _____ ft.</div> <div>7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary</div> <div>8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other</div> <div>9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____</div> <div>10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____</div> <div>11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____</div> <div>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.</div> <div>13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____</div> <div>14. Well head completion: _____ Pitless adapter _____ Inches above grade</div> <div>15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.</div> <div>16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ No _____</div> <div>17. Pump: _____ 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 _____</div>		
5. Type and color of material			From	To	
Top Soil			0	1	
Clay			1	4	
Broken Lime			4	7	
Clay			7	14	
Lime			14	19	
Shale			19	35	
Lime			35	51	
Shale			51	57	
Lime			57	59	
Shale			59	70	
Lime			70	125	
Shale			125	128	
Lime			128	132	
Shale			132	180	
Lime			180	190	
(Use a second sheet if needed)					
18. Elevation: 972 Topography: ____ Hill ____ Slope ____ Upland ____ Valley	19. Remarks: 65 Gallons over Nite Well filled to 100' with drill cuttings, two sacks of cement, dry. Well filled from 97' to 25' with drill cuttings, 3 sacks of cement, dry. Drill cuttings from 20' to 5', 2 sacks of cement to surface.		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. Dean Wall 174 Business name Box 147 Basenhor, Ks. 66609 License No. _____ Address _____ Signed Dean Wall Date _____ Authorized representative		

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

Form WWC-5

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 1/4 1/4 1/4	Section number	Township number T S R	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: Dean Wall - Page 2 City, state, zip code:		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft. 7. _____ Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary 8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other 9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
Slate			190	192	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
Lime			192	195	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.
Shale			195	200	13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____
Lime			200	212	14. Well head completion: _____ Pitless adapter _____ Inches above grade
Slate			212	214	15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
Shale			214	235	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
Lime			235	245	17. Pump: _____ 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
Shale			245	250	
(Use a second sheet if needed)					
18. Elevation: Topography: _____ Hill _____ 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. Business name _____ License No. 174 Address Box 147 Bashor, Ks. 66607 Signed _____ Date _____ Authorized representative		

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

Form WWC-5