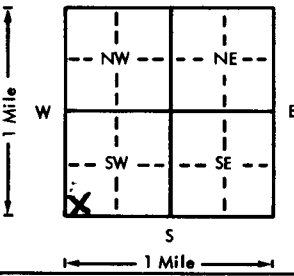


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SW 1/4 SW 1/4</u> Section number <u>18</u> Township number <u>T 14 S R 3</u> Range number <u>3</u> <span style="float:right">EWA</span>	
2. Distance and direction from nearest town or city: <u>2 W 2 N</u> Street address of well location if in city: <u>Navarre</u>	
3. Owner of well: <u>Ronald Barb</u> R.R. or street: <u>BR1</u> City, state, zip code: <u>Enterprise, Mo. 67441</u>	
4. Locate with "X" in section below: Sketch map: <div style="text-align:center">N 1 Mile W E S 1 Mile</div> 	6. Bore hole dia. <u>10-7/8</u> in. Completion date: <u>8-12-76</u> Well depth <u>73</u> 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 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
	9. Casing: Material <u>Plc</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>5.4</u> lbs./ft. Dia. <u>5</u> in. to <u>7 1/2</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>7 1/2</u> ft. depth gauge No. <u>1252</u>
5. Type and color of material	10. Screen: Manufacturer's name <u>Certain-tecs</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>10</u> Length <u>20</u> Set between <u>53</u> ft. and <u>73</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4-30</u>
<u>Top Soil</u>	11. <input checked="" type="checkbox"/> Static water level: <u>70</u> ft. below land surface Date <u>8-12-76</u> mo./day/yr.
<u>yellow shale</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>yellow clay</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
<u>Some water</u>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ inches above grade
<u>Red clay</u>	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.
<u>Blue shale</u>	16. Nearest source of possible contamination: <u>House</u> ft. _____ Direction _____ Type <u>hot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Water</u>	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
<u>Blue shale</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>Backhaus Drg. 190</u> Business name _____ License No. _____ Address <u>Topeka, Mo.</u> Signed <u>Paul Backhaus</u> Date <u>8-12-76</u> Authorized representative
(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:

T 14 S R 3 E W 18 Sec 18

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

Form WWC-5