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

WATER WELL RECORD
KSA 82a-1201-1215

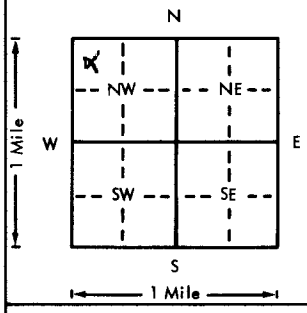
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MORRIS	N½ NW¼ (1/4 1/4 1/4)	8	T 14 S	R 8 E/W

2. Distance and direction from nearest town or city: 2 MI EAST
Street address of well location if in city: 1 MI NORTH

3. Owner of well: ELDON SILL
R.R. or street: R+1
City, state, zip code: DWIGHT KANSAS 66849

4. Locate with "X" in section below:



Sketch map:
250 ft SOUTH OF DIRT ROAD
450 ft EAST OF GRAVEL ROAD

6. Bore hole dia. 7 in. Completion date
Well depth 97 ft.

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

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

9. Casing: Material STEEL Height (Above) or below
Threaded __ Welded __ Surface 18 in.
RMP __ PVC __ Weight __ lbs./ft.
Dia. 5 in. to 80 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No.

5. Type and color of material	From	To
DIRT BLACK	0	10
SHALE RED	10	15
LIME ROCK YELLOW	15	48
SHALE RED	48	52
SHALE BLUE	52	65
LIME ROCK GRAY	65	80
SHAL RED	80	85
LIME ROCK GRAY	85	97

(Use a second sheet if needed)

10. Screen: Manufacturer's name JESS LOWELL
Type 200 Dia. 5
Slot/gauze SAWBLADE Length
Set between 80 ft. and 97 ft.
ft. and ft.
Gravel pack? Size range of material

11. Static water level: mo./day/yr.
ft. below land surface Date

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.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter 16 Inches above grade

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

16. Nearest source of possible contamination:
ft. 50 Direction NORTH Type FEED PEN
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:
__ Hill
__ Slope
X 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.
L H KRAUSE 156
Business name License No.
Address COUNCIL GROVE KS
Signed (Authorized representative) Date 11-23-76

T 14 — R 8 E — Sec 8 — N½ NW¼ (1/4 1/4 1/4)

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

Form WWC-5

MI-1023