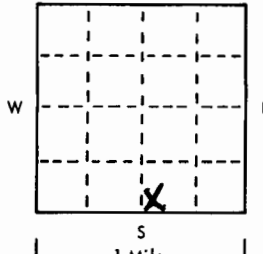


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Dickinson</b>	Township name <b>Union</b>	Fraction <i>SW 1/4 SW 1/4</i> <b>SE 1/4</b>	Section number <b>21</b>	Town number <b>15S</b>	Range number <b>4E</b>
Distance and direction from nearest town or city: <b>5 Mi.</b>			3 Owner of well: <b>Melvin Weber</b>			
Street address of well location if in city:			Address: <b>Herrington Kansas 67449</b>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map: <i>DCC</i>			4 Well depth: <b>78</b> ft. Date of completion <b>I-6</b> Well diameter <b>9</b> in.
2 Type and color of material			From		To	
			<b>Top Soil -Clay</b>		<b>0 3</b>	
			<b>LimeStone</b>		<b>3 20</b>	
			<b>Yellow Clay and Shale</b>		<b>20 40</b>	
			<b>Red Shale and Little Water</b>		<b>40 60</b>	
			<b>Lime Stone</b>		<b>60 70</b>	
			<b>Shale and Water</b>		<b>70 75</b>	
			<b>Lime Stone</b>		<b>75 78</b>	
			5 <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			
			6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material <b>Plastic</b> Weight: above/below <b>16</b> <b>10</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>160</b> in. Diam. <b>5</b> in. to <b>78</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>5</b> in. to <b>78</b> ft. depth			
			8 Screen: <b>Plastic Slot PUMPO SUPPLY</b> Manufacturer Type <b>PVC</b> Dia. <b>5 in.</b> Slot gauze <b>44</b> Length <b>12 feet</b> Set between <b>65</b> ft. and <b>77</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/2 - 1/4"</b>			
			9 Static water level: <b>58</b> ft. below land surface Date <b>I-6</b>			
			10 Pumping level below land surfaces: <b>65</b> ft. after <b>10</b> hrs. pumping <b>12</b> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>40</b> g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____			
			12 Well head completion: <b>Well House 12</b> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade			
			13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.			
			14 Nearest source of possible contamination: <b>CATTLE</b> ft. <b>100</b> Direction <b>East</b> Type <b>Barn</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Wendt Ply</b> Model number ____ HP <b>2</b> Volts <b>230</b> Length of drop pipe <b>70</b> ft. capacity <b>20</b> g.m.p. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
16 Remarks: elevation			17 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>Backhus Drilling I80</b> Business name License No. Address <b>Tampa Kansas 67483</b> Signed <i>Paul Backhus</i> Date <b>1-11</b> Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5