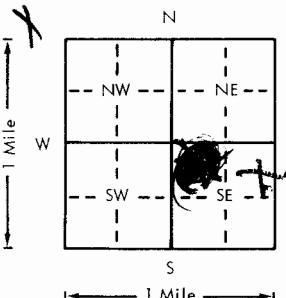


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Franklin	Section number 2	Township number T 16	Range number S R 17
2. Distance and direction from nearest town or city: 2 E		3. Owner of well: Michigan Village Dist. 2			
Street address of well location if in city: Michigan Village		City, state, zip code: Quenemo, Kan.			
4. Locate with "X" in section below:		6. Bore hole dia. 8 1/4 in. Completion date 11-22-78			
Sketch map:		Well depth 320 ft. 12" to 21"			
		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			
5. Type and color of material		8. Use: <input type="checkbox"/> Domestic <input checked="" 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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 26 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 21.40 lbs./ft. Dia. 12 in. to 21 ft. depth Wall thickness: inches or Dia. 8 1/4 in. to 320 ft. depth Gauge No. 2140			
		10. Screen: Manufacturer's name crown line Type PVC Dia. 6 1/4 Slot/gauze 3/8 Length 40 Set between 280 ft. and 320 ft. Gravel pack? no Size range of material			
		11. Static water level: 150 ft. below land surface Date 11-22-78			
		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 20 g.p.m.			
		13. Water sample submitted: ____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			
		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade			
		15. Well grouted? ____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 21 ft.			
		16. Nearest source of possible contamination: ft. none Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No			
		17. Pump: ____ Not installed Manufacturer's name ____ Model number ____ HP 5 Volts 220 Length of drop pipe 304 ft. capacity 15 g.p.m. 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			
18. Elevation:		19. Remarks: Drill in the middle of a pasture			
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Royce Swank Drilling 371 Business 221 Ottawa, Kan. License No. Address Royce Swank Signed Royce Swank Date 11-22-78 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	Section number	Township number	Range number				
			1/4 1/4 1/4		T S R	E/W				
2. Distance and direction from nearest town or city:			3. Owner of well: Michigan Village Dist. 2							
Street address of well location if in city:			R.R. or street:							
			City, state, zip code:							
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.					
<div>1 Mile N W E S 1 Mile</div> <table border="1"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>			NW	NE	SW	SE			7. _____ Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary	
NW	NE									
SW	SE									
5. Type and color of material			From	To	8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other					
lime			159	161	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft.					
shald blue			161	230	Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____					
sanded shald			230	265	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.					
grey sand			265	320	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 _____ No Date _____					
					14. Well head completion: _____ Pitless adapter _____ Inches above grade					
					15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.					
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No					
					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					
(Use a second sheet if needed)										
18. Elevation:		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. _____ Address _____ Signed _____ Date _____ Authorized representative						
Topography: _____ Hill _____ Slope _____ Upland _____ Valley										

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

Form WWC-5