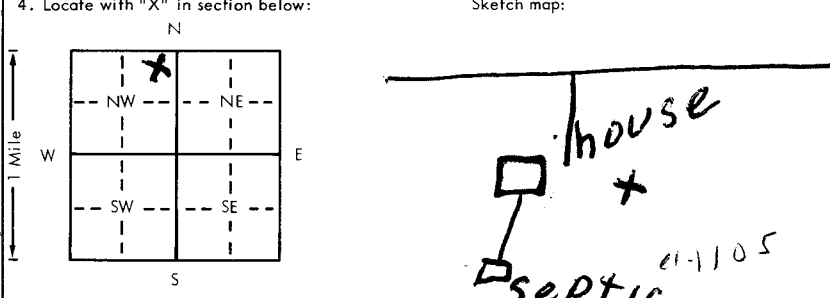


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

Page I

WATER WELL RECORD
KSA 82a-1201-1215

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

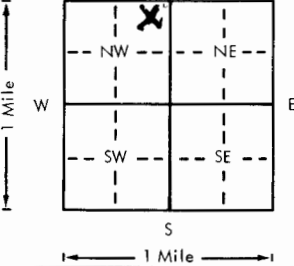
1. Location of well:		County Franklin	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 2	Township number T 16 S	Range number R 17 E
2. Distance and direction from nearest town or city: Street address of well location if in city: Michigan Village		3. Owner of well: Mike Campell R.R. or street: R.R. City, state, zip code: Pomona, Kan., 66086				
4. Locate with "X" in section below:		Sketch map:				
						
5. Type and color of material		From	To	6. Bore hole dia. 6 1/4 in. Completion date 8-30-78 Well depth 200 ft. 9" to 30"		
soil		0	4	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		
shelly rock		4	10	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		
shald		10	33	9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight sch 40 lbs./ft. Dia. 6 1/4 in. to 30 ft. depth Wall thickness: inches or Dia. 5 in. to 200 ft. depth gage No. sch 40		
				10. Screen: Manufacturer's name crown line Type Pvc Dia. 5 Slot/gauze 3/8 Length 25 Set between 180 ft. and 200 ft. 95 ft. and 100 ft. Gravel pack? no Size range of material		
				11. Static water level: 70 ft. below land surface Date 8-30-78		
				12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield 2 g.p.m.		
				13. Water sample submitted: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 24 inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 20 ft.		
				16. Nearest source of possible contamination: ft. 150 Direction west Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Not installed Manufacturer's name Red Jacket Model number 734116 24 Volts 220 Length of drop pipe 180 ft. capacity 10 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:				
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		(Use a second sheet if needed)				
		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. Edgar Swank Drilling 124 Business name RR1 Ottawa, Kan. License No. Address Edgar Swank Date 9-31-78 Signed Edgar Swank Authorized representative				

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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Page II

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
			NE 1/4 NE 1/4 NW 1/4	2	T 16 S	R 17 E
2. Distance and direction from nearest town or city:			3. Owner of well: Mike Campbell			
Street address of well location if in city:			R.R. or street:			
			City, state, zip code: Pomona, Kan 66076			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 6 in. Completion date 9-30-78		
				Well depth 200 ft. 9-30-78		
5. Type and color of material		From	To	7. Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary		
grey sand		161	176	8. Use: ___ Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other		
grey sanded shald		176	200	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. ___		
				10. Screen: Manufacturer's name ___ Type ___ Dia. ___ Slot/gauze ___ Length ___ Set between ___ ft. and ___ 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 ___ 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.		
Topography: ___ Hill ___ Slope ___ Upland ___ Valley				Business name ___ License No. ___ Address ___ Signed Edgar Swank Date 9-31-78 Authorized representative		

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

Form WWC-5