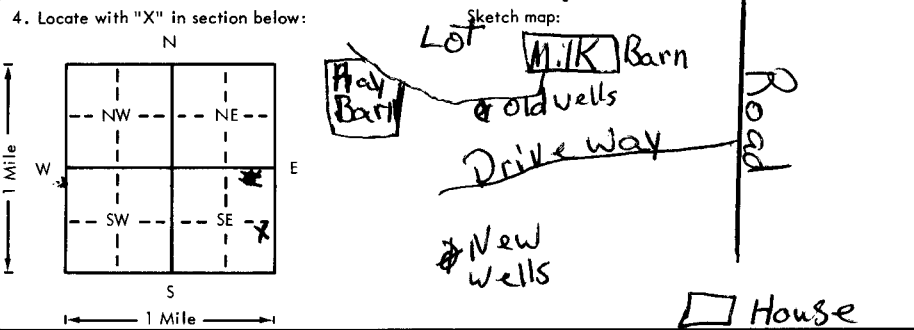


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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	Fraction NE 1/4 SE 1/4 SE 1/4	Section number 12	Township number T 16	Range number S R 18 E/W
2. Distance and direction from nearest town or city: 1 South 1/2 West 1/4 south Street address of well location if in city: Centropolis			3. Owner of well: Merale Fleming R.R. or street: RRI City, state, zip code: Pomona, Kan., 66076		
4. Locate with "X" in section below: 			6. Bore hole dia. 6 1/2 in. Completion date 6-23-78 Well depth 115 ft. 9' TO 20'		
5. Type and color of material			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 _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight sch 40 lbs./ft. Dia. 6 1/2 in. to 20 ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. sch 40		
			10. Screen: Manufacturer's name _____ Type none Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? no Size range of material _____		
			11. Static water level: _____ mo./day/yr. 50 ft. below land surface Date 5-25-78		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. 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. 100 Direction N Type COW LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name GOULD Model number 1 HP 1 Volts 220 Length of drop pipe 100 ft. capacity 13 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:			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. SHANK DRILLING 124 Business name _____ License No. _____ Address 14 OTTAWA KAN Signed Edgar Swank Date 6-3-78 Authorized representative		
19. Remarks: This well is a second well for a dairy farm					

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

Form WWC-5