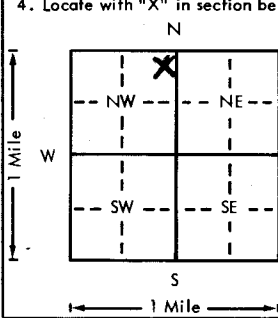
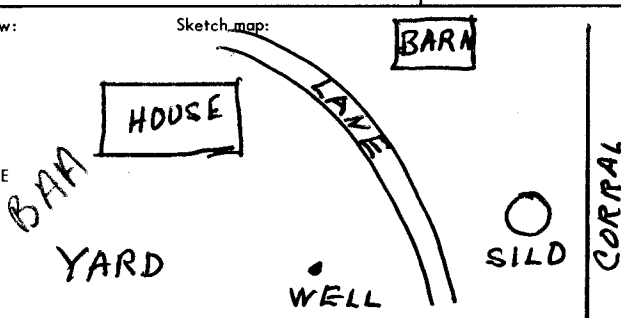


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Dickinson	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 26	Township number 16	Range number 2	EW
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: R.R. or street: City, state, zip code:		John Christiner Mope, Kansas		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 11/2/77 Well depth 48 ft.		
				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		From		To		9. Casing: Material pist Height: Above of below 18 in. Threaded Welded gl Surface 18 in. RMP X PVC Weight 15 lbs./ft. Dia. 45 in. to 48 ft. depth Wall Thickness: inches or Dia. in. to ft. depth gage No. 0.258
Black top soil		0		1		10. Screen: Manufacturer's name Western Plastics Type RMP Dia. 5 1/2 Slot/gauze 3/32 Length 20 Set between 28 ft. and 48 ft. Gravel pack? Yes Size range of material 1/16 to 3/8
Hard brown clay		1		17		11. Static water level: 21 ft. below land surface Date 11/2/77
Brown sandy clay		17		30		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 16 g.p.m.
Gray shale		30		34		13. Water sample submitted: ____ mo./day/yr. ____ Yes <input checked="" type="checkbox"/> No Date ____
Gray and yellow shale and hollow rock		34		48		14. Well head completion: 18 inches above grade ____ Pitless adapter
						15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
						16. Nearest source of possible contamination: ft. 150 Direction west Type corral Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No
						17. Pump: <input checked="" type="checkbox"/> 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
						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. Rader Drilling Co. 194 Business name License No. Address Carlton, Kansas Signed Brant E Rader Date 1-2-78 Authorized representative
18. Elevation:	19. Remarks:					
Topography: ____ Hill ____ Slope ____ Upland ____ Valley						

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

Form WWC-5