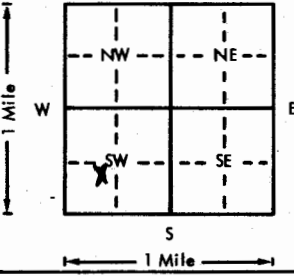
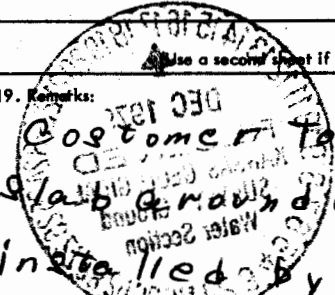


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Dickinson</u> Fraction <u>Ne 1/4 SW 1/4 SW 1/4</u> Section number <u>14</u> Township number <u>T 16 S</u> Range number <u>R 4 E</u>   |  |
| 2. Distance and direction from nearest town or city: <u>1/2 S</u><br>Street address of well location if in city: <u>Herington</u>  |  |
| 3. Owner of well: <u>Sam Becker</u><br>R.R. or street: <u>RR 3</u><br>City, state, zip code: <u>Herington, KS 67449</u>  |  |
| 4. Locate with "X" in section below: Sketch map:<br>   |  |
| 5. Type and color of material  |  |
|  | From To  |
| <u>Top Soil</u>  | <u>0 1</u>   |
| <u>Lime Stone</u>  | <u>1 32</u>  |
| <u>Red Shale</u>   | <u>32 45</u>   |
| <u>Lime Stone</u>  | <u>45 55</u>   |
| <u>Water</u>   | <u>55</u>  |
| <u>Lime Stone</u>  | <u>55 64</u>   |
| 6. Bore hole dia. <u>4</u> in. Completion date <u>5-9-76</u><br>Well depth <u>64</u> ft.   |  |
| 7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                           |  |
| 9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in.<br>RMP <u>PVC</u> <input checked="" type="checkbox"/> Welded <u>40</u> lbs./ft.<br>Dia. <u>5</u> in. to <u>64</u> ft. depth! Wall Thickness: inches or<br>Dia. <u>5</u> in. to <u>64</u> ft. depth! gage No. <u>1258</u> |  |
| 10. Screen: Manufacturer's name <u>DVM</u><br>Type <u>PVC</u> Dia. <u>5"</u><br>Slot/gauze <u>1/2</u> Length <u>15</u><br>Set between <u>45</u> ft. and <u>60</u> ft.<br>ft. and <u>60</u> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>30</u>  |  |
| 11. Static water level: <u>30</u> ft. below land surface Date <u>5-9-76</u> mo./day/yr.  |  |
| 12. Pumping level below land surfaces:<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |  |
| 13. Water sample submitted: ____ mo./day/yr.<br>Yes ____ No ____ Date ____   |  |
| 14. Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade   |  |
| 15. Well grouted? <input checked="" type="checkbox"/><br>With: ____ Neat cement ____ Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <u>3</u> ft. to <u>13</u> ft.   |  |
| 16. Nearest source of possible contamination: <u>17 Pasture</u><br>ft. ____ Direction ____ Type ____<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No  |  |
| 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name ____<br>Model number ____ HP ____ Volts ____<br>Length of drop pipe ____ ft. capacity ____ g.p.m.<br>Type:<br>____ Submersible ____ Turbine<br>____ Jet ____ Reciprocating<br>____ Centrifugal ____ Other   |  |
| 18. Elevation:<br>Topography:<br>____ Hill<br>____ Slope<br>____ Upland<br>____ Valley   | 19. Remarks:<br><br><u>Customer to run concrete slab around well. Pump not installed by my company.</u> |
| 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Backhus Drg. 180</u><br>Business name License No.<br>Address <u>Tampa, KS.</u><br>Signed <u>Paul Backhus</u> Date <u>5-30-76</u><br>Authorized representative  |  |

T 16 R 4 E Sec 14 N 1/4 1/4 1/4

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

Form WWC-5