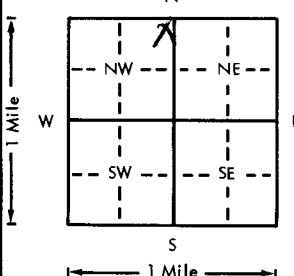
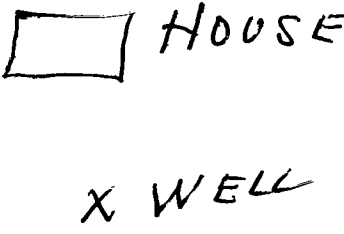


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 MORRIS	Fraction NE 1/4 NE 1/4 NW 1/4	Section number 8	Township number T 16 S R 8 E	Range number 8
2. Distance and direction from nearest town or city: 3 WEST Street address of well location if in city: OS COUNCIL GROVE				3. Owner of well: OTTO HERDE R.R. or street: 2009 BLUEHILL RD C 17 LAKE City, state, zip code: MANHATTAN KS LOT 18		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 9-3-80 Well depth 80 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		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
DIRT BLACK		0		3		9. Casing: Material STEEL Height: 18 in. Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 64 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>
LIME ROCK YELLOW		3		28		10. Screen: Manufacturer's name JESS+LOWEL Type 571 Dia. 5 Slot/gauze 1/16 Length 20 Set between 60 ft. and 80 ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>
SHALE BLUE		28		35		11. Static water level: 31 ft. below land surface Date <input type="checkbox"/>
SHALE RED		35		42		12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 5 g.p.m.
LIME ROCK GRAY		42		45		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
SHALE BLUE		45		50		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 18 inches above grade
SHALE DARK		50		64		15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.
LIME ROCK GRAY		64		72		16. Nearest source of possible contamination: ft. 50 Direction SE Type D HOUSE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SHALE DARK		72		80		17. Pump: <input type="checkbox"/> Not installed Manufacturer's name PUMPCO Model number <input type="checkbox"/> HP 1/2 Volts 220 Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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
(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. LHMAUSE SHOP 156 Business name 135 SOUTH DELAWARE License No. 09 Address 27-8 Signed [Signature] Date 27-8 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		TO N				

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

Form WWC-5