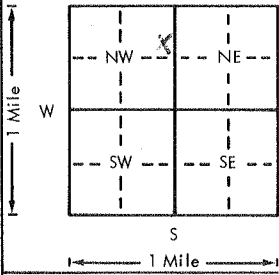


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 1/4 SE 1/4 NW 1/4	Section number 18	Township number T 16 S	Range number R 8 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: TERALD O. BROCKMAN R.R. or street: 3001 DORGAN City, state, zip code: INDER, MO. 64052				
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 7-10-76 Well depth 91 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
GRAVEL + DIRT		0		4		9. Casing: Material STEEL Height Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 72 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 30 ft. depth Wall Thickness: inches or Dia. 40 in. to 91 ft. depth gage No. <input type="checkbox"/>
LIME ROCK YELLOW		4		22		10. Screen: Manufacturer's name JAMES H. LANGE Type 200 Dia. 5 Slot/gauze SANDWASH Length <input type="checkbox"/> Set between 30 ft. and 40 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>
SHALE BLUE		22		29		11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date <input type="checkbox"/>
SHALE RED		29		40		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 <input type="checkbox"/> g.p.m.
SHALE BLUE		40		54		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
LIME ROCK GRAY		54		69		14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade
SHALE BLUE		69		75		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.
SHALE RED		75		85		16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
LIME ROCK GRAY		85		90		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input 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. ANKRAUSE 156 Business name License No. Address 17 SOUTH BELFRY Signed [Signature] Date 8-8-76 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		TO SOUTH				

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

Form WWC-5