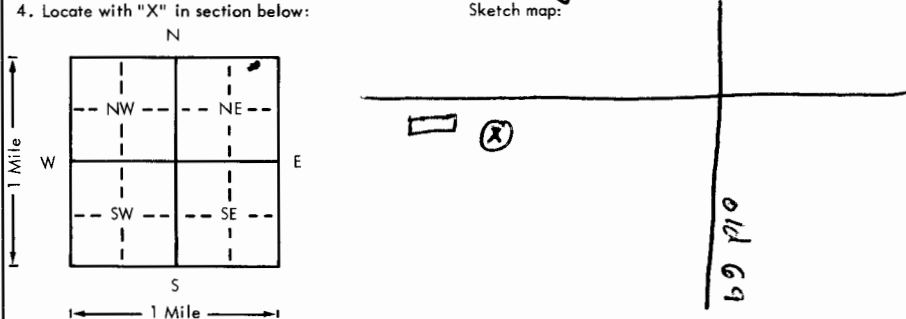


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Miami		Fraction NE 1/4 NE 1/4 NE 1/4		Section number 19		Township number T 17 S R 25 E		Range number 25	
2. Distance and direction from nearest town or city: Street address of well location if in city: 4 Miles South of Louisburg				3. Owner of well: Grover Rearadon R.R. or street: 115 S 98th St City, state, zip code: Kansas City, Kansas					
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. 8 in. Completion date 9-4-81 Well depth 120 ft.		7. <input type="checkbox"/> Cable tool <input checked="" 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				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 _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____			
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____			
Top Soil & surface				From 0 To 5		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
Clay yellow				From 5 To 10		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Limestone white				From 10 To 25		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade			
Limestone yellow				From 25 To 30		15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.			
Limestone white				From 30 To 31		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Limestone yellow				From 31 To 40		17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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			
Limestone white				From 40 To 52		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. F.E. Young Drilling Co. 240 Business name _____ License No. _____ Address 6355 Robinhood Merriam Signed David Young Date 9-4-81 Authorized representative			
Shale Grey				From 52 To 54					
Limestone				From 54 To 55					
Shale Grey				From 55 To 104					
Limestone Grey				From 104 To 114					
Shale Grey				From 114 To 120					
Dry Hole Plugged									
(Use a second sheet if needed)									
18. Elevation: 1090		19. Remarks: Customer is aware of state regulation and agrees to install a 4' square re-enforced concrete platform around top of well. DRY Hole							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									

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

Form WWC-5

12
25
19
NE 1/4 NE 1/4 NE 1/4