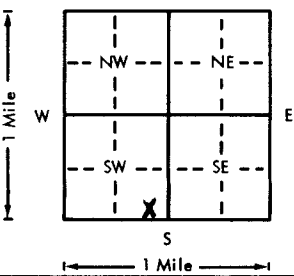


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Ural Lindquest 2 of 3

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 SE 1/4 SE 1/4 SW 1/4		Section number 1		Township number T 17 S R 7		Range number 7			
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: Ural Lindquest R.R. or street: Wilsey Kan City, state, zip code:							
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.					
5. Type and color of material				From		To		7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary			
Shale - Blu				75		86		8. Use: Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____			
Lime - Grey				86		100		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. _____			
Shale - Grey - Hard				100		102		10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft.			
Red Rock -				102		113		11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____			
Lime - Grey				113		126		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.			
Shale - Blu				126		129		13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____			
Lime - Wht Soft				129		151		14. Well head completion: _____ Pitless adapter _____ Inches above grade			
Lime - Grey Hard				151		158		15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ ft.			
Shale - Powder Blu				158		168		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ No _____			
Red Rock				168		174		17. Pump: _____ 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			
Shale - Blu				174		178		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. Business name _____ License No. _____ Address _____ Signed _____ Authorized representative _____ Date _____			
Lime - Grey				178		180					
Quartz - Rose				180		182					
Lime - Grey				182		184					
Shale - Blk				184		185					
(Use o second sheet if needed)											
18. Elevation:		19. Remarks:									
Topography: _____ Hill _____ Slope _____ Upland _____ Valley											

T 17 S R 7
 SE 1/4 SE 1/4 SW 1/4

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

Form WWC-5

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

Ural Lindquist Sht 3 of 3

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 Monro	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 1	Township number T 17 S	Range number R ? E
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:		
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile				Sketch map: 		
5. Type and color of material				From	To	6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.
LIME - Grey Ext. Hard				185	187	7. ___ Cable tool ___ Rotary ___ Driven ___ Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary
Shale - Blu				187	191	8. Use: ___ Domestic ___ Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Low ___ Oil field water ___ Other
LIME - Grey Hard				191	194	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. _____
Shale - Grey				194	200	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 _____
						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.
						13. Water sample submitted: _____ mo./day/yr. Yes ___ No ___ Date _____
						14. Well head completion: ___ Pitless adapter _____ Inches above grade
						15. Well grouted? _____ With: ___ Neat cement ___ Bentonite ___ Concrete Depth: From _____ ft. to _____ ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes ___ No ___
						17. Pump: _____ 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
(Use a second sheet if needed)						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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative
18. Elevation:		19. Remarks:				
Topography: ___ Hill ___ Slope ___ Upland ___ Valley						

T 17 S R ? E
12-20
SE SE SW
1/4 1/4 1/4

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

Form WWC-5