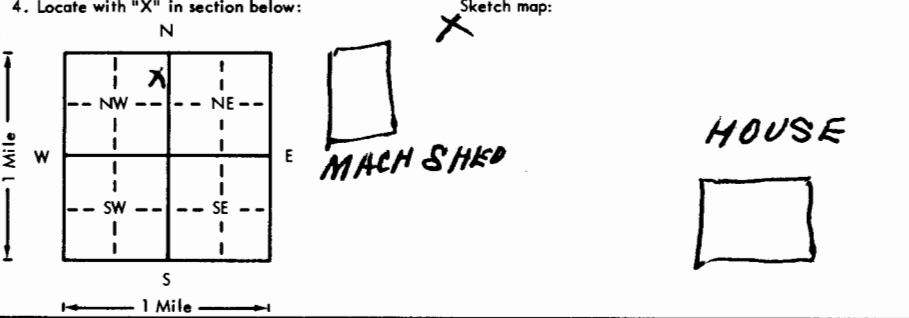


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

WELL NO 1

1. Location of well: County MORRIS		Fraction NW 1/4 1/4 1/4		Section number 9	Township number T 17 S R 9 E/W	Range number 9
2. Distance and direction from nearest town or city: 7 E 1 1/2 S of COUNCIL GROVE				3. Owner of well: JIMMY VIAR R.R. or street: DUNLAP City, state, zip code: KANSAS 66848		
4. Locate with "X" in section below: N NW NE SW SE S 1 Mile W E Sketch map: 				6. Bore hole dia. 9 in. Completion date _____ Well depth 46 ft.		
5. Type and color of material				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		
DIRT BLACK				8. Use: <input checked="" type="checkbox"/> Domestic <input checked="" 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		
ROCK YELLOW				9. Casing: Material STEEL Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 16 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.		
SHALE BLUE				Dia. 5 in. to 15 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. _____		
LIME ROCK				10. Screen: Manufacturer's name JESSY LOWELL		
SHALE BLUE				Type 200 Dia. 5 Slot/gauze SAWBLADE Length 90 Set between 15 ft. and 43 ft. _____ ft. and _____ ft.		
LIME ROCK GRAY				Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. 20 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: VIAR mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____		
				14. Well head completion: TOOK IN SAMPLES <input type="checkbox"/> Pitless adapter 16 inches above grade		
				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.		
				16. Nearest source of possible contamination: ft. 100 E Direction WEST Type PASTURE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: Not installed Manufacturer's name PUMP Co Model number _____ HP 3/4 Volts 230 Length of drop pipe 40 ft. capacity 10 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:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. G H KRAUSE 156 Business name _____ License No. _____ Address 13 SOUTH BELMONT COUNCIL GROVE Signed [Signature] Date 4-20-76 Authorized representative				

T 17 R 9 S 9

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

Form WWC-5