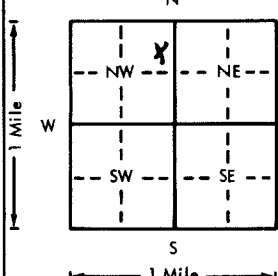


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

WELL No 2

1. Location of well:		County MORRIS	Fraction NW 1/4 1/4 1/4	Section number 9	Township number T 17 S	Range number R 9 E/W
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 W E S 1 Mile Sketch map: 			6. Bore hole dia. 7 in. Completion date _____ Well depth 44 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" 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 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 15 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____			
SHALE BLUE			10. Screen: Manufacturer's name JESS HOLLAND Type 200 Dia. 5 Slot/gauze SAW BLADE Length _____ Set between 15 ft. and 40 ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____			
LIME ROCK			11. Static water level: _____ mo./day/yr. 10 ft. below land surface Date _____			
SHALE BLUE			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.			
LIME ROCK GRAY			13. Water sample submitted: VIAR TOOK IN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
SHALE BLUE			14. Well head completion: <input type="checkbox"/> Pitless adapter 13 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. 50 Direction WES Type PASTURE Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: Manufacturer's name <input checked="" type="checkbox"/> Not installed 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			
(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. LH HRAUSE 156 Business name License No. Address 13 SOUTH BELLEVUE ST Signed [Signature] Date 4-2-0 Authorized representative		

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

Form WWC-5