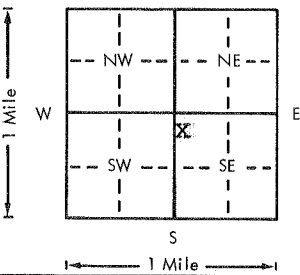


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Lyon</b>	Fraction <b>NW 1/4 NW 1/4 SE 1/4</b>	Section number <b>12</b>	Township number <b>T 18 S</b>	Range number <b>R 10 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1/2 mi. south east Americus, Kansas</b>			3. Owner of well: <b>John Davidson</b> R.R. or street: <b>737 Wittier</b> City, state, zip code: <b>Hoporia, Kansas</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>42</u> ft. <u>5/20/78</u>
top soil			0	4	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
clay			4	16	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
clay sand			16	19	9. Casing: Material <u>Styr</u> Height <u>24</u> Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>24</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>200</u>
gravel			19	31	10. Screen: Manufacturer's name _____ <u>Sunflower</u> Type <u>styrene</u> Dia. <u>5</u> in. Slot/gauze <u>1/16</u> Length <u>10</u> Set between <u>28</u> ft. and <u>38</u> ft. _____ ft. and _____ ft. Gravel pack? <u>yes</u> Size range of material <u>3/8 in.</u>
shale			31	42	11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>5/20/78</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>24</u> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>15</u> ft.
					16. Nearest source of possible contamination: <u>1000</u> ft. <u>north</u> Type <u>sant. sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> 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
					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. <b>Bledsoe Drilling Co. 349</b> Business name License No. Address: <b>RR 1 Cottonwood Falls</b> Signed: <b>John A. Bledsoe</b> Date <b>2-22-78</b> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

18 100 W 12 WILMORSE 1/4 1/4 1/4