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	Fraction	Section number	Township number	Range number
	Osage	SW ~~NE~~ 1/4 NE 1/4 NE 1/4	21	T 18 S	R 16 E/~~W~~

2. Distance and direction from nearest town or city: 3 South ?

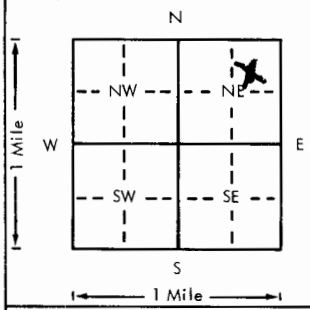
Street address of well location if in city: Melvern

3. Owner of well: Gary White

R.R. or street:

City, state, zip code: Melvern Kan.

4. Locate with "X" in section below:



Sketch map: Pasture well

6. Bore hole dia. 6¼ in. Completion date 9/20/79
Well depth 235 ft. 9" to 237

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material
Threaded ___ Welded ___
RMP ___ PVC X
Dia. 5 in. to 235 ft. depth
Dia. 6¼ in. to 23 ft. depth
Height: Above or ~~below~~ Surface 18 in.
Weight sch 40 lbs./ft.
Wall Thickness: inches or gage No. sch 40

5. Type and color of material	From	To
shelly rock	0	5
clay	5	12
lime	12	14
white shald	14	38
lime	38	44
shald	44	55
lime	55	61
shald sanded	61	70
lime	70	125
black shald	125	130
lime	130	134
~~xxx~~ shald	134	200
sand grey shald	200	215
lime	215	230
shald	230	235
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Jet Line
Type PVC Dia. 5
Slot/gauze 3/8 Length 20
Set between 215 ft. and 235 ft.
___ ft. and ___ ft.
Gravel pack? no Size range of material

11. Static water level: 135 ft. below land surface Date mo./day/yr.

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 3 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
X Pitless adapter ___ Inches above grade

15. Well grouted? ___
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 23 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? X Yes ___ No

17. Pump: X 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

18. Elevation:
Topography:
X Hill
___ Slope
___ Upland
___ Valley

19. Remarks:
Drill in pastune no contamination as of yet.

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.
Royce Swank Drilling 371
Business name License No.
Address RR1 Ottawa, Kan. 66067
Signed Royce Swank Date 3/20/80
Authorized representative

T 18 R 16 E/W Sec 21 1/4 1/4 1/4 1/4 SW NE NE

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

Form WWC-5