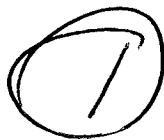


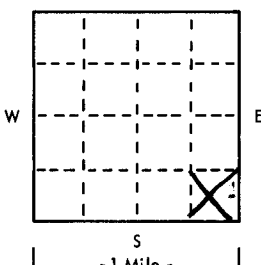
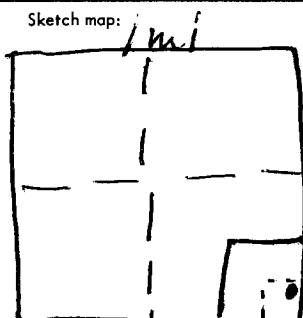
USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.



WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Farbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:		County	Township name	Fraction	Section number	Town number	Range number
		Chase	DIAMOND	SE SE SW	30	18	6
Distance and direction from nearest town or city:		15 mi No & W of Elm dale		3 Owner of well: Dennis Maddox			
Street address of well location if in city:		Address: Elmdale ks.					
Locate with "X" in section below:		Sketch map:		4 Well depth: 120 ft. Date of completion			
				Well diameter 11 in.			
2		Type and color of material		From	To	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
		T.S.		1	3	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
		Lime		3	4	6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
		Brn Sh - Calc		4	14	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial	
		Chert w Lime		14	16	<input type="checkbox"/> Test well <input type="checkbox"/>	
		Sh - Gray - Brown		16	18	7 Casing: Material PVC Height: above/below	
		Chert & Lime		18	20	Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 2.5 in.	
		Sh Gray		20	23	Diam. 8 in. to 120 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Brkn Lime (3 mile) Gray -		23	26	8 Screen: NO	
		Calc Sh Gray		26	40	Manufacturer	
		Lime & Sh - H ₂ O 1/2 Gal		40	45	Type Dia.	
		Red Sh.		45	50	Slot/ft. Length 100'	
		Lime & Sh (Funston)		50	58	Set between 20 ft. and 100 ft.	
		Gray & Green Sh. Blue		58	64	Fittings:	
		Sh Gray Clams & Grnoid Stems		64	83	Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material	
		Lime & Sh (Crose)?		83	90	9 Static water level:	
		(use a second sheet if needed) Cont.				22 ft. below land surface Date 12/18	
16 Remarks: elevation		10 Pumping level below land surface:					
Topography: Good Drainage All ways		ft. after hrs. pumping g.p.m.					
<input type="checkbox"/> Hill		ft. after hrs. pumping g.p.m.					
<input checked="" type="checkbox"/> Slope		Estimated maximum yield g.p.m.					
<input checked="" type="checkbox"/> Upland		11 Water sample submitted:					
<input type="checkbox"/> Valley		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date					
		12 Well head completion:					
		<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade					
		13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
		<input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/>					
		Depth: From 0 ft. to 11 ft.					
		14 Nearest source of possible contamination:					
		ft. 600 Direction West Type Creek					
		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
		15 Pump:					
		<input checked="" type="checkbox"/> Not installed					
		Manufacturer's name					
		Model number HP Volts					
		Length of drop pipe ft. capacity g.m.p.					
		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					
		17 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.					
		Signature: J. C. Miller License No. 203					
		Address: Gottenwald Falls KS					
		Signed: J. C. Miller Date 12/19					
		Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

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

Cont = (2)

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
Distance and direction from nearest town or city: Street address of well location if in city:				3 Owner of well: Dennis Meddoy Address: Elmdale Ks		
Locate with "X" in section below: N W E S 1 Mile				Sketch map: 4 Well depth: _____ ft. Date of completion _____ Well diameter _____ in. 5 <input 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 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth 8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____ 9 Static water level: _____ ft. below land surface Date _____ 10 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. 11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ 12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade 13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft. 14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley 17 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 _____		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5