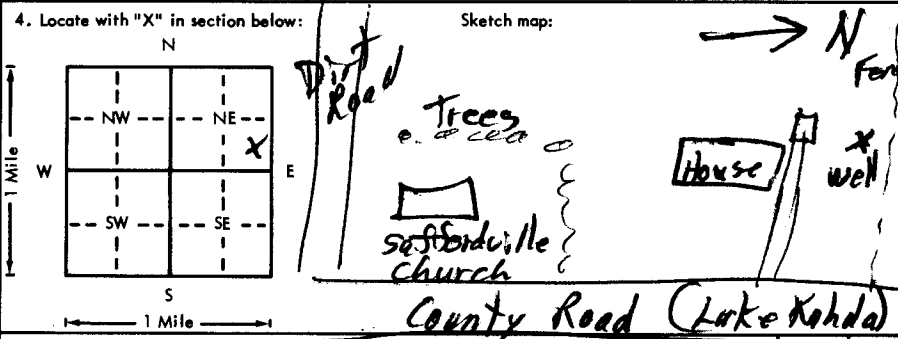


USE TYPEWRITER OR BALL
POINT PEN. PRESS FIRMLY,
PRINT CLEARLY.

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 Chase	Fraction NE 1/4 SE 1/4 NE 1/4	Section number 2	Township number T 19 S	Range number R 9 E
2. Distance and direction from nearest town or city: 12 mi. East - 1 3/4				3. Owner of well: Dennis Bartell R.R. or street: Rt. 5, Emporia, Kans City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:				
						
5. Type and color of material			From	To		
top soil			0	2		
clay, red			2	10		
clay, yellow red			10	16		
shale, grey			16	22		
limestone, water bearing			22	27		
shale, grey			27	46		
limestone			46	47		
shale, grey			47	52		
limestone			52	53		
shale, blue			53	59		
limestone			59	60		
shale, Blue			60	70		
limestone			70	71		
shale, blue			71	78		
shale lt grey			78	85		
Page 1 of 2 (Use a second sheet if needed) see page 2						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: Hill Slope <input checked="" type="checkbox"/> Upland Valley		Plugged ; drilled bridge 22-30', grout neat cement 3-22', earth fill 0-3'		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Blades Service Co. 153 Business name License No. Address 415 Pflug Station Rd Signed Paul Bladen Date 7-19-76 Authorized representative		

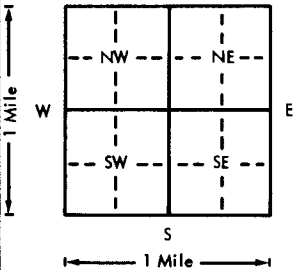
Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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 Chase	Fraction NE_{1/4} SE_{1/4} NE_{1/4}	Section number 2	Township number 19	Range number 9
2. Distance and direction from nearest town or city: 12 mi. E - 13/4		3. Owner of well: Dennis Bartell			
Street address of well location if in city: N. - Strong City		City, state, zip code: RT 5, Emporia			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 8-6-75	
		Page 2 of 2		Well depth 112 ft.	
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
Shale, brown		85	91	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
Shale, Lt. gray, Limy		91	96	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
Shale, Red-Brown		96	103	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
Shale, Blue		103	110	<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <input type="checkbox"/> Height: Above or below	
				Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in.	
				RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.	
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or	
				Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
				10. Screen: Manufacturer's name <input type="checkbox"/>	
				Type <input type="checkbox"/> Dia. <input type="checkbox"/>	
				Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/>	
				Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
				<input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
				Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
				11. Static water level: <input type="checkbox"/> mo./day/yr.	
				<input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>	
				12. Pumping level below land surfaces:	
				<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
				<input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
				Estimated maximum yield <input type="checkbox"/> g.p.m.	
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr.	
				Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
				14. Well head completion:	
				<input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
				15. Well grouted? <input type="checkbox"/>	
				With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
				Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
				16. Nearest source of possible contamination:	
				ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/>	
				Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: <input type="checkbox"/> Not installed	
				Manufacturer's name <input type="checkbox"/>	
				Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/>	
				Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:		
Topography:	Page 2 of 2		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			Business name <input type="checkbox"/> License No. <input type="checkbox"/>		
<input type="checkbox"/> Slope			Address <input type="checkbox"/>		
<input type="checkbox"/> Upland			Signed <input type="checkbox"/> Date <input type="checkbox"/>		
<input type="checkbox"/> Valley			Authorized representative <input type="checkbox"/>		

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

Form WWC-5