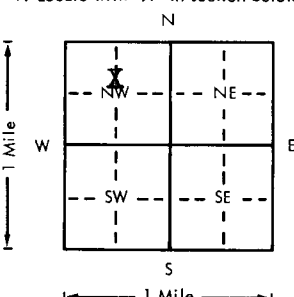


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Marion</b>	Fraction <b>CNW <math>\frac{1}{4}</math></b> 1/4 1/4 1/4	Section number <b>2</b>	Township number <b>20</b> T S R	Range number <b>2</b> E/W
2. Distance and direction from nearest town or city: <b><math>\frac{1}{2}</math> - <math>\frac{1}{2}</math> E of Hillsboro, Ks.</b> Street address of well location if in city:				3. Owner of well: <b>Clarke Wiebe</b> R.R. or street: <b>Box 116</b> City, state, zip code: <b>Hillsboro, Ks. 67063</b>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <b>29</b> in. Completion date _____ Well depth <b>180</b> ft. <b>7-29-79</b>		
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input checked="" 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		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
				9. Casing: Material <b>steel</b> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>180</b> ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth Gauge No. _____		
				10. Screen: Manufacturer's name <b>Doerrs</b> Type <b>steel</b> Dia. <b>16</b> Slot/gauze <b>3/16</b> Length <b>20</b> Set between <b>160</b> ft. and <b>180</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4-3/8-1/2</b>		
				11. Static water level: _____ mo./day/yr. <b>30</b> ft. below land surface Date <b>10-2-78</b>		
				12. Pumping level below land surfaces: <b>97</b> ft. after <b>1 1/2</b> hrs. pumping <b>200</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>200</b> g.p.m.		
				13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>10-2-78</b> mo./day/yr.		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 _____ ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>1500</b> Direction <b>North</b> Type <b>Septic tank</b> Well disinfected upon completion? <b>HTH</b> Yes _____ No _____		
				17. Pump: Not installed _____ Manufacturer's name <b>Layne Bowler</b> Model number <b>229-6M</b> HP <b>15</b> Volts <b>440</b> Length of drop pipe <b>85</b> ft. capacity <b>100</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>Rosencrantz-Bemis 134</b> Business name _____ License No. _____ Address <b>Box 713 Great Bend, Ks.</b> Signed <b>Fredia Dodson</b> Date <b>8-20-79</b> Authorized representative		

20  
 20  
 2  
 1/4  
 1/4  
 1/4

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

Form WWC-5