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

WATER WELL RECORD
KSA 82a-1201-1215

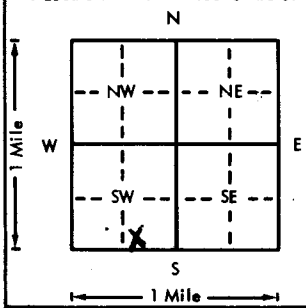
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

| 1. Location of well: | County | Fraction | Section number | Township number | Range number |
|---|---|---|---|---|---|
| | Marion | SW 1/4 SE 1/4 SW 1/4 | 29 | T 20 S | R 5 E W |

2. Distance and direction from nearest town or city: 2½ N ~~½~~ E
Street address of well location if in city: Florence

3. Owner of well: Floyd Seipert
R.R. or street: ~~[illegible]~~ RR1
City, state, zip code: Florence, Ks. 66851

4. Locate with "X" in section below:




Sketch map:

6. Bore hole dia. 7 in. Completion date
Well depth 85 ft. 6-22-76

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

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

9. Casing: Material PVC Height: Above or Below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight Sch 40 lbs./ft.
Dia. 5 in. to 85 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No.

| 5. Type and color of material | From | To |
|---|---|---|
| Lime Stone | 0 | 15 |
| Red Rock | 15 | 30 |
| Lime Stone | 30 | 75 |
| Water | 75 | |
| Lime Stone | 73 | 85 |

(Use a second sheet if needed)

10. Screen: Manufacturer's name Certain teed
Type PVC Dia. 5"
Slot/gauze 40 Length 15
Set between 65 ft. and 80 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material

11. Static water level: mo./day/yr.
62 ft. below land surface Date 6-22-76

12. 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.

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

14. Well head completion: windmill
__ Pitless adapter 18 Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

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

17. Pump: __ Not installed
Manufacturer's name Cyl. pump
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal X Other

18. Elevation:

Topography:
X Hill
__ Slope
__ Upland
__ 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.
Backhus Drg. 180
Business name License No.
Address Tampa Ks.
Signed Paul Backhus Date
Authorized representative 6-22-76

T 20 R 5 E W Sec 29 1/4 SW 1/4 SE 1/4 SW 1/4

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

Form WWC-5