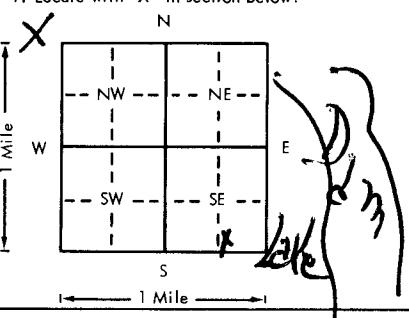


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Lynn</u>	Fraction <u>SW 1/4 SE 1/4 SE 1/4</u>	Section number <u>17</u>	Township number <u>T 22 S</u>	Range number <u>R 24 E</u>	EW <u>0</u>
2. Distance and direction from nearest town or city: <u>Sugar Valley 1 mile S +</u> Street address of well location if in city: <u>Mound City, Kans</u>		3. Owner of well: <u>Ed Parker</u> R.R. or street: <u>B</u> City, state, zip code: <u>Beiton, Mo</u>					
4. Locate with "X" in section below: 		Sketch map: <u>PLATT 18</u> <u>LOT 36</u> <u>X well</u>		5. Bore hole dia. <u>8 3/4</u> in. Completion date <u>6/1/8</u> Well depth <u>64</u> ft.			
5. Type and color of material		From		To		6. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
Soil		0		6		7. <input checked="" 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	
Clay - Yellow		6		15		8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
Shale - Blue		15		20		9. Casing: Material <u>Steel</u> Height: Above or below Threading <u>Threaded</u> Surface <u>12</u> in. RMP <u>PVC</u> Weight <u>10</u> lbs./ft.	
Shale - Red		20		22		Dia. <u>6</u> in. to <u>64</u> ft. depth Wall Thickness: <u>1/2</u> in. or Dia. <u>6</u> in. to <u>64</u> ft. depth gage No. <u>255</u>	
Shale - Blue		22		42		10. Screen: Manufacturer's name <u>Steel</u> Type <u>100</u> Dia. <u>6</u> Slot/gauze <u>0.30</u> Length <u>6</u> Set between <u>24</u> ft. and <u>64</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 to 3/4</u>	
Shale - light-Sandy		42		45		11. Static water level: <u>8</u> ft. below land surface Date <u>6/1/8</u> mo./day/yr.	
Lime - Hard		45		52		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.	
Shale Blue		52		56		13. Water sample submitted: ____ mo./day/yr. ____ Yes <input checked="" type="checkbox"/> No Date ____	
Shale light-Sandy		56		64		14. Well head completion: ____ Pitless adapter ____ Inches above grade	
						15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
						16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>E</u> Type <u>Grub</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes ____ No	
						17. Pump: <input checked="" type="checkbox"/> 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:		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. <u>Europe Well Service</u> <u>296</u> Business name License No. <u>225 Walnut Europe, Kans</u> Address Signed <u>True Goshlock</u> Date <u>6/1/8</u> Authorized representative			

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

Form WWC-5