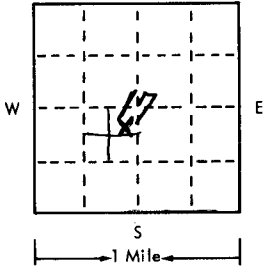


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Chase</u>	Township name	Fraction <u>NE NE SW 1/4</u>	Section number <u>17</u>	Town number <u>22S</u>	Range number <u>8E</u>
Distance and direction from nearest town or city: <u>1 1/2 S-E</u> Street address of well location if in city: <u>Booster Station Rd</u>				3 Owner of well: <u>JUNE Talkington Hog operation</u> Address: <u>Mattie Id Green Ks</u>		
Locate with "X" in section below: 				4 Well depth: <u>25</u> ft. Date of completion <u>1/15/76</u> Well diameter <u>7"</u> in.		
2 Type and color of material				5 <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		
				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 checked="" type="checkbox"/> <u>Stock water</u>		
				7 Casing: Material <u>Steel</u> Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <u>4.3</u> in. Diam. <u>7"</u> in. to <u>25'</u> ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>7"</u> in. to <u>25'</u> ft. depth		
				8 Screen: Manufacturer <u>Shop made</u> Type <u>Trench</u> Dia. <u>7"</u> Slot/ <u>3/16</u> Length <u>7'</u> Set between <u>18'</u> ft. and <u>25'</u> ft. Fittings: Grovel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material		
				9 Static water level: <u>16'</u> ft. below land surface Date <u>12/27/75</u>		
				10 Pumping level below land surfaces: ____ ft. after <u>Bailer</u> hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input checked="" 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 <u>16</u> ft. to <u>3</u> ft.		
				14 Nearest source of possible contamination: ft. <u>150</u> Direction <u>East</u> Type <u>Creek</u> 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 checked="" 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 <u>This well is in South Fork Bottom</u> Topography: <u>Has Very Good water.</u> <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley (use a second sheet if needed)				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. <u>McMenee Drilling</u> Business name License No. <u>203</u> Address <u>Cottonwood Falls</u> Signed <u>McMenee</u> Date <u>1/15/76</u> Authorized representative		

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

Form WWC-5