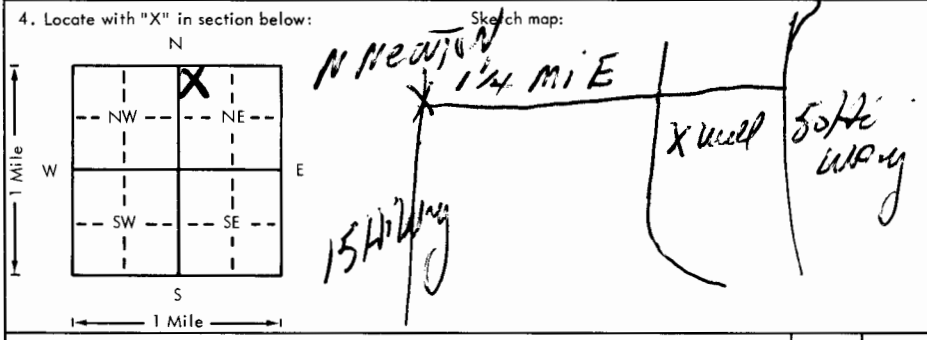


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 HARLEY Fraction NW 1/4 NW 1/4 NE 1/4 Section number 10 Township number T 23 S R 1 E Range number 1	
2. Distance and direction from nearest town or city: 1/4 E OF NO PROTON 3. Owner of well: KIETH RHODES R.R. or street: 1804 E 24 City, state, zip code: NEWTON KS 67114	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. 10 in. Completion date 11-15-78 Well depth 65 ft.	
7. <input checked="" 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material PTTS Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 1-50 lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200	
10. Screen: Manufacturer's name J & L Type RMP Dia. 5 Slot/gauze .06 Length 40 Set between 25 ft. and 65 ft. Gravel pack? yes Size range of material 1/8-1/4	
11. Static water level: 10 ft. below land surface Date 11-15-78 mo./day/yr	
12. Pumping level below land surfaces: 35 ft. after 1 hrs. pumping 15 g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 15 g.p.m.	
13. Water sample submitted: ____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
14. Well head completion: ____ Pitless adapter 18 Inches above grade	
15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: ft. 50 Direction E Type CRACK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Star Well Service 211 Business name _____ License No. _____ Address 428 W 3rd NEWTON KS Signed [Signature] Date 11-1-78 Authorized representative	

23 - 10 - 10 NW 1/4 NE