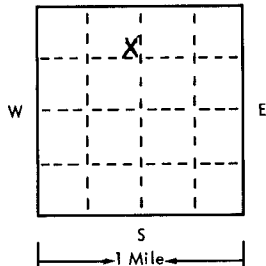


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Greenwood</u>	Township name <u>Eureka</u>	Fraction <u>SE 1/4 NW</u>	Section number <u>10</u>	Town number <u>25 S</u>	Range number <u>10 E</u>
Distance and direction from nearest town or city: <u>5 N of Eureka @ City Lake.</u> Street address of well location if in city:				3 Owner of well: Address: <u>Larry Larson Eureka Lake 67045</u>		
Locate with "X" in section below: N  W S 1 Mile		Sketch map: <u>240</u>		4 Well depth: <u>40</u> ft. Date of completion <u>7-21-76</u> Well diameter <u>10</u> in.		
2 Type and color of material		From		To		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 in Black Limestone - 10 ft Blue Limestone		0	10.5	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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>
		4 ft Gray Shale - 20 feet -		10.5	14.5	7 Casing: Material <u>PLSTIC</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>6 inch</u> Weight <u>10</u> lbs./ft. <u>10</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>8</u> in. to <u>40</u> ft. depth
		White Limestone. Rich water		14.5	40.5	8 Screen: Manufacturer <u>Sunflower</u> Type <u>200 RPP</u> Dia. <u>6 inch</u> Slot/gauze <u>1/8</u> Length <u>19</u> Set between <u>21</u> ft. and <u>40</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>
		up at 29 feet. Brake in the Limestone must be 6' of white limestone. Set 41 feet of 6 in Sunflower Jet Set Well Casing type 200.				9 Static water level: <u>15</u> ft. below land surface Date <u>7-21-76</u>
SE Corner of the NE 1/4 of NW 1/4 of Section 10-25-10 Greenwood County Kansas						10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>15</u> g.p.m. <u>1.5</u>
(use a second sheet if needed)						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____
16 Remarks: elevation						12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						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>0</u> ft. to <u>10</u> ft.
						14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>NE</u> Type <u>Septic</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.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
						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>Eureka Well Service 296</u> Business name License No. Address <u>225 S Walnut</u> Signed <u>Tom Ashlock</u> Date <u>6-20-76</u> Authorized representative

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

Form WWC-5