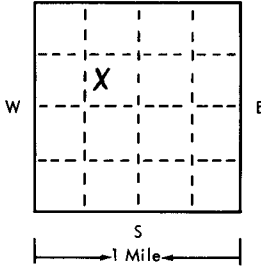


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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	Fraction <u>NWSE NW</u>	Section number <u>34</u>	Town number <u>255</u>	Range number <u>12E</u>										
Distance and direction from nearest town or city: <u>Lot 4, Block 8</u> Street address of well location if in city: <u>in Neal, KS - on Main</u>				3 Owner of well: <u>Marion Ashlock</u> Address: <u>Neal Kansas.</u>												
Locate with "X" in section below: N  W E S 1 Mile				4 Well depth: <u>40</u> ft. Date of completion <u>7-8-76</u> Well diameter <u>10</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 checked="" 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">From</th> <th style="width:50%;">To</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>4</u></td> </tr> <tr> <td><u>4</u></td> <td><u>19</u></td> </tr> <tr> <td><u>19</u></td> <td><u>21</u></td> </tr> <tr> <td><u>21</u></td> <td><u>40</u></td> </tr> </tbody> </table>				From	To	<u>0</u>	<u>4</u>	<u>4</u>	<u>19</u>	<u>19</u>	<u>21</u>	<u>21</u>	<u>40</u>	7 Casing: Material _____ Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. Diam. _____ Weight _____ lbs./ft. _____ <u>6</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		
				From	To											
<u>0</u>	<u>4</u>															
<u>4</u>	<u>19</u>															
<u>19</u>	<u>21</u>															
<u>21</u>	<u>40</u>															
<u>Lot 4 Block 8 To the City of</u> <u>Neal Kansas Greenwood County</u> <u>4ft Black Soil</u> <u>15 ft Yellow Clay</u> <u>2 ft Lime</u> <u>Water at 21 ft.</u> <u>Shale 19ft</u> <u>Run 1/2 ft of Sunflower</u> <u>Sub Set well Casing</u> <u>type 200 6 inch</u> <u>Cemented with 3 sacks of</u> <u>Cement &amp; sand. To Ground</u> <u>Level Pipe was 2 ft above</u> <u>Ground Level</u>				8 Screen: Manufacturer <u>Sunflower</u> Type <u>Plastic 200</u> Dia. <u>6</u> <u>5/16</u> gauze <u>1/8"</u> Length <u>30</u> Set between <u>10</u> ft. and <u>40</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>24</u>												
				9 Static water level: <u>19</u> ft. below land surface Date <u>7-8-76</u>												
				10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1</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 <u>24</u> 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>10</u> ft. to <u>0</u> ft.												
				14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>North</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												
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley				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</u> Business name _____ License No. _____ Address <u>Eureka Kansas</u> Signed <u>Marion Ashlock</u> Date <u>7-8-76</u> Authorized representative												

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

Form WWC-5

25 12 E 34 NW SE NW