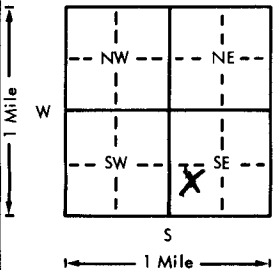


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>WOODSON</b> Fraction <b>W 1/2 SE 1/4</b> Section number <b>9</b> Township number <b>T 25 S</b> Range number <b>R 15 E/W</b>	
2. Distance and direction from nearest town or city: <b>1 1/2 MI. NW. Y.C. 1/2 N</b>	
3. Owner of well: <b>JEFF MENTZER RT #4</b> City, state, zip code: <b>YATES CENTER</b>	
4. Locate with "X" in section below: Sketch map: <b>X WATER WELL</b> 	
5. Type and color of material	
<b>YELLOW SANDY CLAY</b>	From <b>0</b> To <b>14</b>
<b>BROWN SAND ROCK</b>	<b>14</b> <b>31</b>
<b>GREY SHALE</b>	<b>31</b> <b>37</b>
<b>GREY SAND</b>	<b>37</b> <b>43</b>
<b>GREY SHALE</b>	<b>43</b> <b>49</b>
<b>GREY SAND</b>	<b>49</b> <b>53</b>
<b>GREY SHALE</b>	<b>53</b> <b>NA</b>
6. Bore hole dia. <b>2</b> in. Completion date <b>3/25/78</b> Well depth <b>110</b> ft.	
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	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <b>PLS</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>110</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>120</b>	
<input checked="" type="checkbox"/> Screen: Manufacturer's name <b>JESS LOWELL</b> Type <b>PVC</b> Dia. <b>6</b> Slot/gauze <b>1/16</b> Length <b>40</b> Set between <b>30</b> ft. and <b>70</b> ft. Gravel pack? <input checked="" type="checkbox"/> No Size range of material <b>A</b>	
11. Static water level: <b>16</b> ft. below land surface Date <b>3/25/78</b>	
12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>5</b> g.p.m.	
13. Water sample submitted: ____ Yes <input checked="" type="checkbox"/> No Date ____	
14. Well head completion: Pitless adapter <b>14</b> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.	
16. Nearest source of possible contamination: <b>PIC</b> ft. <b>110</b> Direction <b>WEST</b> Type <b>PEN</b> 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	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
19. Remarks: <b>JEFF MENTZER IS GOING TO RUN HIS PUMP THIS IS A BUILDING SITE</b>	
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. <b>CUMMINGSWELL SERVICE</b> Business name _____ License No. _____ Address <b>TOPEKA KAN</b> Signed <b>John Cummings</b> Date <b>4/15/78</b> Authorized representative	

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

Form WWC-5