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	Fraction	Section number	Township number	Range number
	WOODSON	C SE1/4 1/4 NE1/4	11	T 25 S	R 15 E/W

2. Distance and direction from nearest town or city:

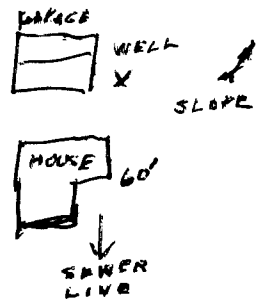
Street address of well location if in city: LOT 10 BLOCK 28

3. Owner of well: WAYNE TRICHLER
R.R. or street: 203 E BUTLER
City, state, zip code: YATES CENTER

4. Locate with "X" in section below:

N — NW — NE — W — E — SW — SE — S — 1 Mile

Sketch map:



6. Bore hole dia. 7 in. Completion date 4/16/81
Well depth 55 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stack
X Lawn __ Oil field water __ Other

9. Casing: Material PLTS Height: Above or below
Threaded ___ Welded ___ Surface 16 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 6 in. to 15 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1280

10. Screen: Manufacturer's name ___
Type ___ Dia. ___
Slot/gauze ___ Length ___
Set between ___ ft. and ___ ft.
___ ft. and ___ ft.
Gravel pack? ___ Size range of material ___

11. Static water level: mo./day/yr.
7 ft. below land surface Date 4/17/81

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 100 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 16 Inches above grade

15. Well grouted? YES
With: ___ Neat cement ___ Bentonite X Cancrete
Depth: From 0 ft. to 14 ft.

16. Nearest source of possible contamination: SEWER
ft. 60 Direction SOUTH Type LINE
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

5. Type and color of material	From	To
DARK SOIL	0	3
SHELLY SAND ROCK	3	5
SOLID BW SAND ROCK	5	25
YELLOW SAND ROCK & SOME	25	47
BROWN SAND ROCK	47	55

(Use a second sheet if needed)

18. Elevation:

Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks: WAYNE TRICHLER IS RUNNING HIS OWN PUMP

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.
CUMMINGS WELL SERV 312
Business name License No.
Address TOPONTO KSN
Signed [signature] Date 4/12/81
Authorized representative

T 25 R 15 E/W Sec 11 1/4 1/4 1/4 C SE NE

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

Form WWC-5

MI-1023