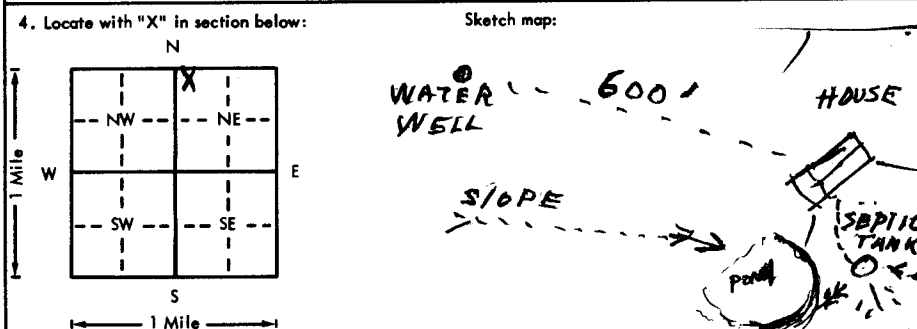


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <u>Woodson</u> Fraction <u>N 1/2 1/4 NE 1/4</u> Section number <u>S 34</u> Township number <u>T 25 S</u> Range number <u>R 15 E/W</u>	
2. Distance and direction from nearest town or city: <u>4 MI. S, 1/2 MI. WEST</u> 3. Owner of well: <u>ERNEST EGGERS</u> Street address of well location if in city: _____ R.R. or street: <u>RFD</u> City, state, zip code: <u>MATES CENTER</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>7</u> in. Completion date <u>7/14/76</u> Well depth <u>92</u> ft.	
7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material <u>PITS</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>OL</u> Surface <u>2 1/4</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>380</u> lbs./ft. Dia. <u>6</u> in. to <u>92</u> ft. depth Wall Thickness: inches or Dia. <u>   </u> in. to <u>   </u> ft. depth gage No. <u>02325</u>	
5. Type and color of material	
	From To
<u>Sandy soil</u>	0 2
<u>Shaly sandrock</u>	2 6
<u>Brown sandrock</u>	6 8
<u>gray shale</u>	8 10
<u>gray sandrock 30% 22'</u>	10 23
<u>gray shale</u>	23 92
11. Static water level: _____ mo./day/yr. <u>1</u> ft. below land surface Date <u>7/10/76</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2</u> g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ HP _____ Volts _____ Model number _____ 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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>MR. EGGERS IS GOING TO RUN HIS OWN PUMP AND RUN CEMENT STAB. HE KNOWS THE REQUIREMENTS</u>
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. <u>CHANNINGS WELL SERVICE</u> Business name _____ License No. _____ Address <u>TORONTO KAN</u> Signed <u>[Signature]</u> Date <u>7/14/76</u> Authorized representative	

25 150 W 34 N 1/2 NE  
 T R Sec 1/4 1/4 1/4

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

Form WWC-5