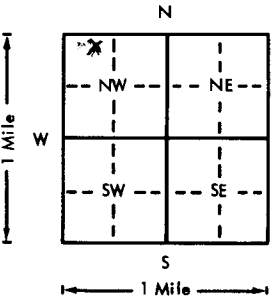
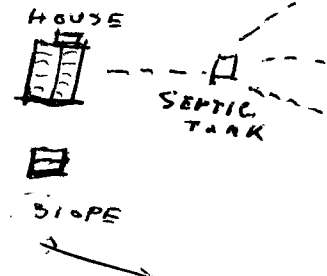


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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> <u>V.O.</u>	Fraction <u>1/4 NW 1/4 NW 1/4</u>	Section number <u>26</u>	Township number <u>T 26</u>	Range number <u>S R 13</u>
2. Distance and direction from nearest town or city: <u>5 MI. S AND</u> Street address of well location if in city: <u>7 MI. NW. TOWNTON</u> <u>DAN</u>			3. Owner of well: <u>Edd GERMAIN</u> R.R. or street: <u>RT # 1 Box 20</u> City, state, zip code: <u>TOWNTON KAN</u>		
4. Locate with "X" in section below: 			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>7</u> in. Completion date <u>10/19/71</u> Well depth <u>70</u> ft.
<u>TOP SOIL</u>			<u>0</u>	<u>2</u>	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
<u>SAND ROCK</u> <u>SPW</u>			<u>2</u>	<u>30</u>	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
<u>GREY SHALE</u>			<u>30</u>	<u>40</u>	9. Casing: Material <u>PLTS</u> Height: Above or below Threaded <input type="checkbox"/> Welded <u>6L</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>6</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1280</u>
<u>BROWN LIMB</u>			<u>40</u>	<u>45</u>	<input checked="" type="checkbox"/> Screen: Manufacturer's name <u>JESS LOWELL</u> Type <u>PVE</u> Dia. <u>6</u> Slot/gauze <u>1/16</u> Length <u>90</u> Set between <u>38</u> ft. and <u>48</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> NO Size range of material <input checked="" type="checkbox"/>
<u>GREY SHALE</u>			<u>45</u>	<u>49</u>	11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>10/19/71</u>
<u>WHITE SAND</u>			<u>49</u>	<u>54</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>4</u> g.p.m.
<u>GREY SHALE</u>			<u>54</u>	<u>59</u>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
<u>SANDY SHALE</u>			<u>59</u>	<u>67</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
<u>GREY SHALE</u>			<u>67</u>	<u>70</u>	15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>18</u> ft.
					16. Nearest source of possible contamination: <u>SEEDING</u> ft. <u>180</u> Direction <u>EAST</u> Type <u>TANK</u> 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
					(Use a second sheet if needed)
18. Elevation:	19. Remarks: <u>MR. GERMAIN IS RUNNING</u> <u>HIS OWN PUMP</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>CUMMINGS WELL SERV 312</u> Business name _____ License No. _____ Address <u>TOWNTON KAN</u> Signed <u>[Signature]</u> Date <u>10/29/71</u> Authorized representative		

26 130 26 NW 1/4

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

Form WWC-5