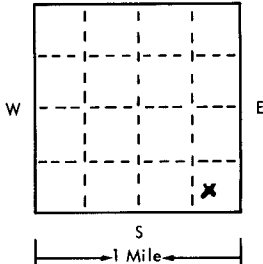


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Washington	Township name LITTLE BLUE	Fraction 1/4 S. E	Section number 20	Town number 3	Range number 5
Distance and direction from nearest town or city: 4 mi N 1 mi W			3 Owner of well: BILL RENCIN			
Street address of well location if in city: BARNES KS			Address: BARNES KS			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: 67 ft. Date of completion _____ Well diameter 2 1/2 in.
			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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material Steel Height: above/below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 15 in. Diam. Steel Weight 20# lbs./ft. 61 ____ in. to ____ ft. depth Drive shoe? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ____ in. to ____ ft. depth: Plus 2 ft Plastic			
2 Type and color of material			From	To	8 Screen: Springtown Screen Manufacturer Springtown Type _____ Dia. 6 1/2" I.D. Slot/gauze 50 Length _____ Set between 59 ft. and 67 ft. _____ Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/16 x 1/8	
Top Soil			0	8	9 Static water level: 56 ft. below land surface Date Apr 5	
RED CLAY			9	58	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 30 g.p.m.	
SAND & Water			59	67	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: NA <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 35 ft. to 14 ft.	
					14 Nearest source of possible contamination: ft. 200 Direction _____ Type _____ 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 1213 - 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. Strader Drilling Co 237 Business name _____ License No. _____ Address Blue Rapids Signed Harold Strader Date Apr 30 Authorized representative			

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

Form WWC-5