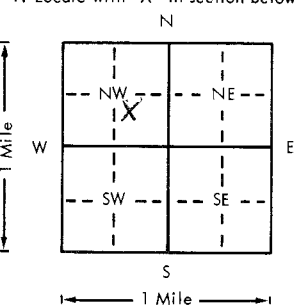


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Marshall</u> Fraction <u>NW 1/4 SE 1/4 NW 1/4</u> Section number <u>14</u> Township number <u>T 5 S R 6 E/W</u> Range number <u>6</u>	
2. Distance and direction from nearest town or city: <u>1 1/2 M. E 4-5 of Waterville KS</u> Street address of well location if in city: _____	
3. Owner of well: <u>Billy J Stryker</u> R.R. or street: _____ City, state, zip code: <u>Waterville Kans 66548</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Dirt Black</u>	<u>0 2</u>
<u>Lime Rock White</u>	<u>2 10</u>
<u>Clay Yellow</u>	<u>10 15</u>
<u>Lime Rock White</u>	<u>15 30</u>
<u>Shale Blue</u>	<u>30 45</u>
<u>Lime Rock White + Flint Blue</u>	<u>45 65</u>
<u>Shale Blue</u>	<u>65 70</u>
<u>Lime Rock White</u>	<u>70 75</u>
<u>Shale Blue</u>	<u>75 90</u>
<u>Lime Rock</u>	<u>90 100</u>
<u>Shale Blue - salty</u>	<u>110 115</u>
(Use a second sheet if needed)	
18. Elevation: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Cement slab to be poured by land owner 4'x4'x4" thick</u>  <u>Billy J Stryker</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>8-5-77</u> Well depth <u>115</u> 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 <u>PVC</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <u>Blue</u> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>115</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>SC4, 40</u>	
10. Screen: Manufacturer's name <u>Lumpco</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>125 035</u> Length <u>30</u> Set between <u>70-035</u> ft. and <u>100</u> ft. Gravel pack? <u>yes</u> Size range of material <u>4/16 to 4/20</u>	
11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>8-5-77</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
14. Well head completion: _____ Pitless adapter _____ 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>5</u> ft. to <u>15</u> ft.	
16. Nearest source of possible contamination: ft. <u>500'</u> Direction <u>W</u> Type <u>Creek</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	
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>Herman J. Lem</u> License No. <u>176</u> Business name <u>Blue Painters</u> Address _____ Signed <u>[Signature]</u> Date <u>8-9-77</u> Authorized representative	

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

Form WWC-5