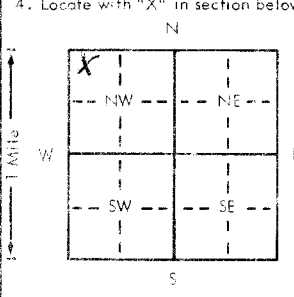


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Marshall</b> Fraction <b>NW 1/4 NW 1/4 NW 1/4</b> Section number <b>14</b> Township number <b>T 5 S R 9 E W</b> Range number <b>9</b>	
2. Distance and direction from nearest town or city: <b>1-E-5-S of Frankfort KS</b> Street address of well location if in city: <b>904 W. Kansas</b>	
3. Owner of well: <b>Robert Koch</b> Former street: <b>904 W. Kansas</b> City, state, zip code: <b>Frankfort KS. 66902</b>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
From	To
0	5
5	10
10	25
25	30
30	35
35	50
50	60
60	70
70	75
75	85
6. Bore hole dia. <b>8</b> in. Completion date <b>4-27-79</b> Well depth <b>85</b> 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Other <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water	
9. Casing: Material <b>PLST</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>52446</b>	
10. <input checked="" type="checkbox"/> Screens Manufacturer's name <b>Pumpco Supply-Wichita KS</b> Type <b>PVC</b> Dia. <b>5</b> Slot/gauze <b>1/2</b> Length <b>20'</b> Set between <b>1/2</b> <b>65</b> ft. and <b>35</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>4-1/2</b>	
11. Static water level: _____ mo./day/yr. <b>43</b> ft. below land surface Date <b>4-27-79</b>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade <input checked="" type="checkbox"/> Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.	
16. Nearest source of possible contamination: <b>drain</b> ft. <b>300</b> Direction <b>West</b> Type <b>Patch</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pumps: <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: Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Cement slab like Board by foundation</b> <b>4' x 4' x 4" thick</b> <b>Eller K. Koch</b>
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. <b>Harper H. Johnson</b> <b>176</b> Business name _____ License No. _____ Address <b>Frankfort, KS. 66901</b> Signed <b>C.R. Hefner</b> Date <b>4-27-79</b> Authorized representative	

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

Form WWC-5

T 5 S R 9 E W Sec 14 NW 1/4 NW 1/4