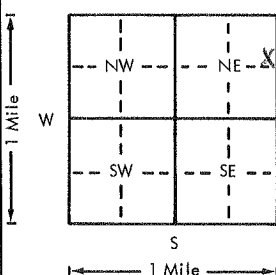


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>CLAY</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section number <u>24</u>	Township number T <u>6</u> S R <u>1</u>	Range number <u>EA</u>
2. Distance and direction from nearest town or city: <u>CLIFTON</u>	35-1E, 1/8 S		3. Owner of well: <u>MRS PERLEY PEDERSON</u> R.R. or street: <u>901 JIM PEDERSON</u> City, state, zip code: <u>1 DANA KANSAS 67453</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <u>32</u> in. Completion date <u>11-20-75</u> Well depth <u>66</u> ft.		
5. Type and color of material			7. <input 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 checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>AC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>34</u> lbs./ft. Dia. <u>16</u> in. to <u>66</u> ft. depth Wall Thickness: inches or Dia. <u>16</u> in. to <u>66</u> ft. depth gage No. <u>Branch</u>		
			10. Screen: Manufacturer's name <u>JOHN SON</u> <u>CONCRETE Co.</u> Type <u>ASBESTOS CEMENT</u> Dia. <u>16</u> Slot/gauze <u>Branch</u> Length <u>26 ft</u> Set between <u>40</u> ft. and <u>66</u> ft. <u>40</u> ft. and <u>66</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/4-1/8</u>		
			11. Static water level: <u>mo./day/yr.</u> <u>24</u> ft. below land surface Date <u>11/20/75</u>		
12. Pumping level below land surfaces: <u>NO TEST</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>1200</u> g.p.m.					
13. Water sample submitted: <u>mo./day/yr.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>11-20-75</u>					
14. Well head completion: <u>12</u> inches above grade <input type="checkbox"/> Pitless adapter					
15. Well grouted? <u>NO</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>ft.</u> to <u>ft.</u>					
16. Nearest source of possible contamination: ft. <u>1200</u> Direction <u>EAST</u> Type <u>RIVER</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
17. Pump: <u>Not installed</u> Manufacturer's name <u>WESTERN LAND ROLL</u> Model number <u>81M</u> HP <u>40</u> Volts <u>—</u> Length of drop pipe <u>50</u> ft. capacity <u>1000</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <u>Concrete slab to be installed</u> <u>by customer at surface of ground,</u> <u>He knows this is a regulation</u> <u>JIM PEDERSON</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>GEO COX + SONS, INC 258</u> Business name License No. Address <u>CLIFTON KANSAS</u> Signed <u>Francis Cox</u> Date <u>11-20-</u> Authorized representative		

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

Form WWC-5