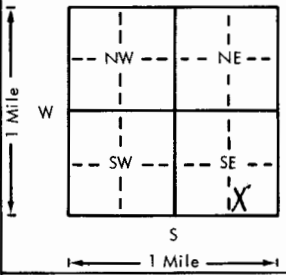


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Pott		Fraction SW 1/4 SE 1/4 SE 1/4		Section number 16		Township number T 6 S R 10 E		Range number 10	
2. Distance and direction from nearest town or city: 1 1/2 miles E of Wheaton Ks. Street address of well location if in city:				3. Owner of well: Seake Bros. R.R. or street: City, state, zip code: Wheaton Ks 66551					
4. Locate with "X" in section below: N W E S 1 Mile 				Sketch map: Cleanout & Recase well		6. Bore hole dia. 8 in. Completion date _____ Well depth 60 ft.			
5. Type and color of material Est. of Log				From		To		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	
Dirt Brown				0		15		9. Casing: Material P1st Height: Above or below Threaded _____ Welded Glue Surface 14 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch 40	
Clay Brown with Gravel				15		20		10. Screen: Manufacturer's name Slat By Driller Type Pvc Dia. 5" Slot/gauze 1/16 Length 20' Set between 40 ft. and 60 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 - 1/4"	
" "				20		40		11. Static water level: _____ mo./day/yr. 15 ft. below land surface Date _____	
Shale Blue + Rock At Bottom				40		60		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	
								15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
								16. Nearest source of possible contamination: ft. 100 Direction S Type Creek 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:							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. Harper Dolo Serv 176 Business name _____ License No. _____ Address Blue Rapids Signed C.E. Harper Date 7/80 Authorized representative							

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

Form WWC-5