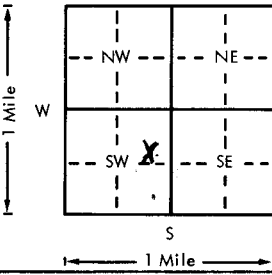


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 ^{NE} SE 1/4 NE 1/4 SW 1/4	Section number 22	Township number T 6 S R 11	Range number EW									
2. Distance and direction from nearest town or city: 1-M-ON-ONAGA KS. Street address of well location if in city:			3. Owner of well: Freeman Ingalsbe R.R. 1 2 City, state, zip code: Onaga, Kans. 66521											
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 											
5. Type and color of material			6. Bore hole dia. 8 in. Completion date 9-14-78 Well depth 65 ft.											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>Estimate of log.</i></td> <td style="width:10%;">From</td> <td style="width:40%;">To</td> </tr> <tr> <td>Clay Brown + sandy</td> <td>0</td> <td>60</td> </tr> <tr> <td>" Blue</td> <td>60</td> <td>65</td> </tr> </table>			<i>Estimate of log.</i>	From	To	Clay Brown + sandy	0	60	" Blue	60	65	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		
			<i>Estimate of log.</i>	From	To									
Clay Brown + sandy	0	60												
" Blue	60	65												
<p><i>Clean out old well - Recore</i></p>			8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other											
			9. Casing: Material PVC Height: Above <input type="checkbox"/> below <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 65 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch. 40											
			10. Screen: Manufacturer's name _____ Pumped Type PVC Dia. 5 Slot/gauze 1/4 45 Length 20' Set between _____ ft. and _____ ft. Gravel pack? Yes Size range of material 1/8 - 1/2											
			11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 9-14-78											
			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: <input type="checkbox"/> Pitless adapter _____ inches above grade											
			15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.											
			16. Nearest source of possible contamination: ft. 500' Direction E 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: Cement slab to be Poured by owner Freeman Ingalsbe		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 Dalg Sewer 176 business name _____ License No. _____ Address Blue Rapids Ks Signed C. Harper Date 9-14-78 Authorized representative											

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

Form WWC-5