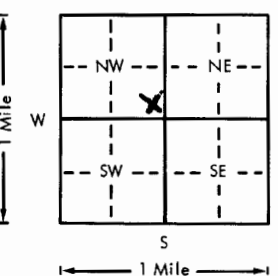
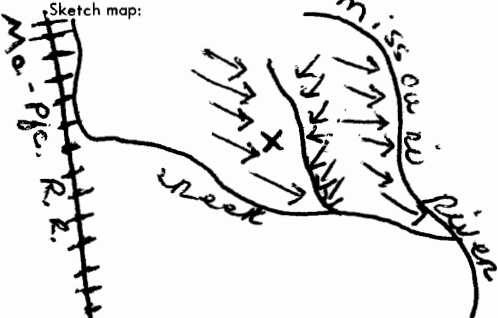


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Atchison</b>	Fraction of sec. <b>SE 1/4 SE 1/4 NW 1/4</b>	Section number <b>34</b>	Township number <b>T 6S S R 21E</b>	Range number <b>21E</b>
2. Distance and direction from nearest town or city: <b>2 1/2 miles East of Atchison, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Harold Rice &amp; John Hertzog</b> R.R. or street: <b>Box 328</b> City, state, zip code: <b>Lees Summit, Mo. 64063</b>			
4. Locate with "X" in section below: 			Sketch map: 			6. Bore hole dia. <b>30</b> in. Completion date <b>6-8-77</b> Well depth <b>72</b> ft.
5. Type and color of material			From	To	7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> <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 <b>Steel</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>36</b> ft. depth Wall Thickness: inches or Dia. <b>16</b> in. to <b>46</b> ft. depth gage No. <b>219w.t.</b>	
					10. Screen: Manufacturer's name <b>Free-Flo</b> <b>W. A. Brown Enterprises</b> Type <b>Steel</b> Dia. <b>16"</b> Slot/gauze <b>1/8 x 4</b> Length <b>16'</b> Set between <b>36</b> ft. and <b>46</b> ft. <b>66</b> ft. and <b>72</b> ft. Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4"</b>	
					11. Static water level: <b>10</b> ft. below land surface Date <b>6-8-77</b>	
					12. Pumping level below land surfaces: <b>25</b> ft. after <b>1</b> hrs. pumping <b>700</b> g.p.m. <b>40</b> ft. after <b>3</b> hrs. pumping <b>1000</b> g.p.m. Estimated maximum yield <b>1500</b> g.p.m.	
					13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: ft. <b>2000</b> Direction <b>east</b> Type <b>Mo. River</b> Well disinfected upon completion? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:  <b>We do not install pumps.</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>Hobler Drilling Co.</b> <b>323</b> Business name License No. Address <b>St. Marys, Ks. 66536</b> Signed <b>[Signature]</b> Date <b>6-8-77</b> Authorized representative			

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

Form WWC-5