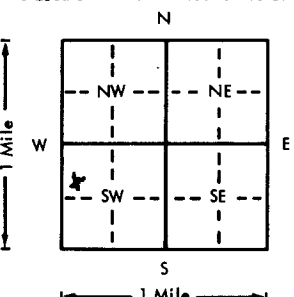


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Riley	Fraction SW 1/4 NW 1/4 SW 1/4	Section number 30	Township number T 6 S R 6 E 6	
2. Distance and direction from nearest town or city: 4 cr 3W 1 cr Street address of well location if in city: OF Randolph Its.			3. Owner of well: Ronald Peter R.R. or street: R.R. 1 City, state, zip code: Randolph Its 66554		
4. Locate with "X" in section below: 			Sketch map: CPB		
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date Well depth 150 ft. 3-24-76
Brown Clay			0	10	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
Lime Rock			10	15	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
Blue Shale			15	20	9. Casing: Material PST Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 150 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258
Yellow Lime Rock			20	25	10. Screen: Manufacturer's name Jess & Lowell Dist. Casings Co. Type PVC Dia. 5.0 Slot/gauze 1/16 85 Length 20'-10' Set between 140 ft. and 150 ft. Gravel pack? yes Size range of material 4-1/2
Blue Hard Shle			25	30	11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 3-24-76
Blue flint + white Lime Rock Mixed			30	35	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.
" " "			35	40	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
" " "			40	45	14. Well head completion: <input type="checkbox"/> Pitless adapter 18 inches above grade
Yellow " "			45	50	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.
Blue Shale			50	55	16. Nearest source of possible contamination: stock ft. 500' Direction SE Type poets Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brown "			55	60	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
Gray "			60	75	
" Lime Rock			75	80	
Blue Shale			80	90	
Blue Shale			90	95	
(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: Cement slab to be Poured by Land owner				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 Drilling Service 176 Business name _____ License No. _____ Address Blue Rapids Ks Signed Bob Harper Date 3-24-76 Authorized representative

T-4
 R-60
 Sec 30
 1/4 1/4 1/4
 SANWEL

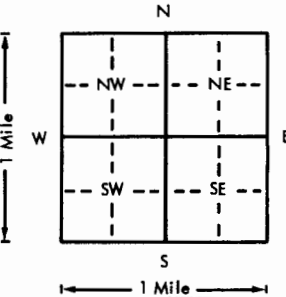
Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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	Fraction 1/4 1/4 1/4	Section number	Township number T S R	Range number E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Ronald Peter R.R. or street: City, state, zip code: Randolph Ks.		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.
Gray Lime Rock			95	100	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 type="checkbox"/> Reverse rotary
" " "			100	105	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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
Brown Shale			105	115	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
Blue Flint			115	120	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____
" "			120	125	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
" " + Lime Rock			125	130	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.
" Shale			130	135	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
" "			135	150	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ 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)					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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

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

Form WWC-5