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

WATER WELL RECORD
KSA 82a-1201-1215

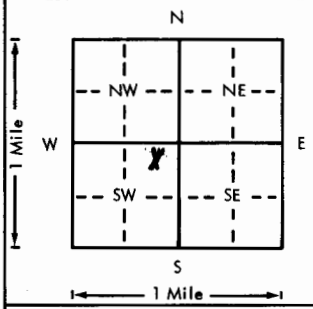
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Pott	NE 1/4 NE 1/4 SW 1/4	27	T 6 S	R 9 E/W

2. Distance and direction from nearest town or city: ½ M. E. of Blaine, Ks.
Street address of well location if in city:

3. Owner of well: John Leeker
~~R.R. or~~ street: 3772 Jenet
City, state, zip code: Wichita Kans 67214

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material: Clean Out & Recase

Material	From	To
Dirt Black	0	5
Clay Brown	5	15
Lime Rock White	15	20
?	20	47
Lime Rock. white	47	57

(Use a second sheet if needed)

6. Bore hole dia. 8 in. Completion date 5-11-78
Well depth 57 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PLST. Height: Above ~~or below~~
Threaded ___ Welded GLUE Surface 20 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 5 in. to 57 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. Sch. 40

10. Screen: Manufacturer's name Slot By Driller
Type PVC Dia. 5"
Slot/gauze 16 Length 20'
Set between 37 ft. and 57 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material ⅛-½

11. Static water level: mo./day/yr.
37 ft. below land surface Date 5-11-78

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 X No Date ___

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. X Well grouted? ~~Yes~~
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From X 5 ft. to X 15 ft.

16. Nearest source of possible contamination: Stock
ft. 75' Direction S Type Pens
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

T 6 R 9 E/W Sec 27 1/4 1/4 1/4 1/4 NE NE SW

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:

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 Harpers Drlg. Serv. License No. 176
Address Blue Rapids, Ks.
Signed [signature] Date 5-11-78
Authorized representative

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

Form WWC-5

MI-1023