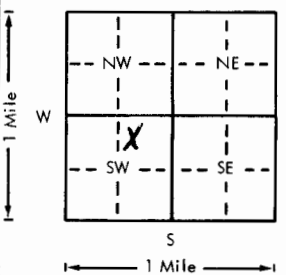


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Pott</b>  | Fraction: <b>NW 1/4 NE 1/4 SW 1/4</b> | Section number: <b>27</b>  | Township number: <b>T 6 S R 9 E #</b> | Range number: <b>9</b> |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|--|--|---------------------------------------|--|---------------------------------------|------------------------|------------|---|----|------------|---|----|----------|----|----|---------|----|----|-----------------|----|----|------------|----|----|--|--|--|
| 2. Distance and direction from nearest town or city:<br><b>1/2 mi. Town of Blaine, KS.</b>   |  |                                       | 3. Owner of well: <b>Joe Quigley</b><br>R.R. or street: <b>Main</b><br>City, state, zip code: <b>Blaine, KS, 66410</b>   |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| 4. Locate with "X" in section below:<br>Sketch map:<br>   |  |                                       | 6. Bore hole dia. <b>8</b> in. Completion date <b>July 7-79</b><br>Well depth <b>60</b> ft.  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| 5. Type and color of material  |  |                                       | 7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Dirt Black</td> <td>0</td> <td>2'</td> </tr> <tr> <td>Clay Brown</td> <td>2</td> <td>26</td> </tr> <tr> <td>" Yellow</td> <td>26</td> <td>41</td> </tr> <tr> <td>" Brown</td> <td>41</td> <td>51</td> </tr> <tr> <td>Lime Rock White</td> <td>51</td> <td>58</td> </tr> <tr> <td>Shale Blue</td> <td>58</td> <td>60</td> </tr> </tbody> </table> |  |                                       |  | From                                  | To                     | Dirt Black | 0 | 2' | Clay Brown | 2 | 26 | " Yellow | 26 | 41 | " Brown | 41 | 51 | Lime Rock White | 51 | 58 | Shale Blue | 58 | 60 | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other |  |  |
|  |  |                                       |  | From                                  | To                     |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| Dirt Black   | 0  | 2'                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| Clay Brown   | 2  | 26                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| " Yellow   | 26   | 41                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| " Brown  | 41   | 51                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| Lime Rock White  | 51   | 58                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| Shale Blue   | 58   | 60                                    |  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| (Use a second sheet if needed)   |  |                                       | 9. Casing: Material <b>Plst</b> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <b>Chue</b> Surface <b>20</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>60</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>Sch. 40</b>  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 10. Screen: Manufacturer's name <b>PUMPCO</b><br>Type <b>PVC</b> Dia. <b>5" 20'</b><br>Slot/gauze <b>1/8</b> Length <b>20'</b><br>Set between <b>40</b> ft. and <b>60</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <b>Yes</b> Size range of material <b>1/8 - 1/2</b>  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 11. Static water level: _____ mg./day/yr.<br><b>30</b> ft. below land surface Date <b>7-7-79</b>   |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.   |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 13. Water sample submitted: _____ mo./day/yr.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 14. Well head completion:<br><input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 15. Well grouted? <b>Yes</b><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>5</b> ft. to <b>15</b> ft.  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 16. Nearest source of possible contamination:<br>ft. <b>100'</b> Direction <b>W</b> Type <b>Creek</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
|  |  |                                       | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |
| 18. Elevation:   | 19. Remarks:<br><b>Cement slab to be found by owner. 4'x4'x4" thick.</b> |                                       | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Harpers Drig. Serv. 176</b><br>Business Name _____ License No. _____<br>Address <b>Blue Rapids, KS.</b><br>Signed <b>Tom Harper</b> Date <b>7-7-79</b><br>Authorized representative  |                                       |                        |            |   |    |            |   |    |          |    |    |         |    |    |                 |    |    |            |    |    |  |  |  |

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

Form WWC-5