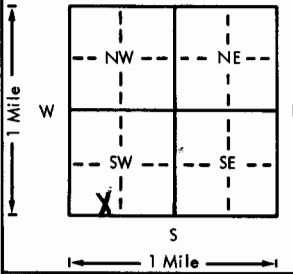


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SE 1/4 SW 1/4 SW 1/4</b>	Section number <b>18</b>	Township number <b>T 7 S R 10 E/4</b>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>5-S-2W of Wheaton, KS.</b>				3. Owner of well: <b>Larry Wahl</b> R.R. or street: City, state, zip code: <b>Wamego Kan. 66547</b>		
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		
5. Type and color of material				From	To	6. Bore hole dia. <b>8</b> in. Completion date <b>3-29-77</b> Well depth <b>85</b> ft.
Dirt Black				0	5	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
Clay Brown				5	10	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
Lime Rock White				10	15	9. Casing: Material <b>P18T</b> Height: Above or below Threaded <input type="checkbox"/> Welded <b>Glue</b> Surface <b>36</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>85</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. <b>SCH 40</b>
Shale Blue				15	20	10. Screen: Manufacturer's name <b>Pumpco Supply</b> Type <b>PVC</b> Dia. <input checked="" type="checkbox"/> <b>5"</b> Slot/gauze <b>1/16</b> Length <b>20'</b> Set between <b>35</b> ft. and <b>45</b> ft. <b>35</b> ft. and <b>45</b> ft. Gravel pack? <b>YES</b> Size range of material <b>5-1/2</b>
Lime Rock White				20	25	11. Static water level: _____ mo./day/yr. <b>15</b> ft. below land surface Date <b>3-29-77</b>
" " "				25	30	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 Brown				30	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Lime Rock Gray				45	50	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
Shale Blue				50	75	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>2</b> ft. to <b>12</b> ft.
Lime Rock White				75	78	16. Nearest source of possible contamination: ft. <b>100</b> Direction <b>W</b> Type <b>Creek</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rock Gypsum White				78	85	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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Cement Slab To be Poured by Land owner</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>Harper's Drlg Serv. 176</b> Business name License No. Address <b>Blue Rapids KS</b> Signed <b>C. E. Harper</b> Date <b>3-29-77</b> Authorized representative	

T 7 S R 10 E  
SW 1/4 SW 1/4

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

Form WWC-5