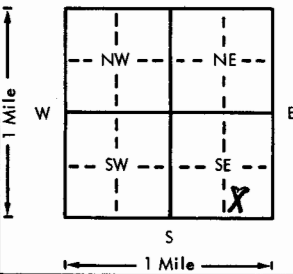


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 1/4 SE 1/4 SE 1/4</b>		Section number <b>20</b>		Township number <b>T 7 S R 10 E/W</b>		Range number					
2. Distance and direction from nearest town or city: <b>6-8 1/4 W. of Wheaton Kans</b> Street address of well location if in city:				3. Owner of well: <b>Cleason Biesenthal</b> R.R. or street: City, state, zip code: <b>Wheaton Ks. 66551</b>									
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>4-7-77</b> Well depth <b>100</b> ft.							
5. Type and color of material				From		To		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					
				Top Soil Black		0		1		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			
Loose Rock + White Clay		1		5		9. Casing: Material <b>PIST</b> Height: Above <del>ground</del> <b>14</b> in. Threaded <input type="checkbox"/> Welded <b>Clue</b> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>SEA 40</b>							
Lime Rock White		10		20		10. Screen: Manufacturer's name _____ <b>PUMPEO</b> Type <b>PIC</b> Dia. <b>5"</b> Slot/gauze <b>40</b> Length <b>50</b> Set between <b>50</b> ft. and <b>100</b> ft. _____ ft. and _____ ft.							
Clay Brown		20		30		11. Static water level: _____ mo./day/yr. <b>41'</b> ft. below land surface Date <b>4-7-77</b>							
Lime Rock White		30		45		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 Blue		45		56		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____							
Lime Rock Yellow		50		60		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade							
Shale Blue		60		67		15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>5</b> ft. to <b>15</b> ft.							
Lime Rock White		67		70		16. Nearest source of possible contamination: <b>Stock</b> ft. <b>500</b> Direction <b>SW</b> Type <b>Pens</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Shale Blue		70		75		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							
" Brown		75		80		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 &amp; Sons Service 176</b> Business name _____ License No. _____ Address <b>Harper Rd Rapids Ks.</b> Signed <b>E. S. Harper</b> Date <b>4-7-77</b> Authorized representative							
Clay Green With Gravel		80		85									
" Gray " "		85		90									
Shale Blue		90		100									
(Use a second sheet if needed)													
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>Cement slab to be Poured by land owner</b>											

T 7 S R 10 E/W Sec 20 SWSE 1/4 1/4 1/4

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

Form WWC-5