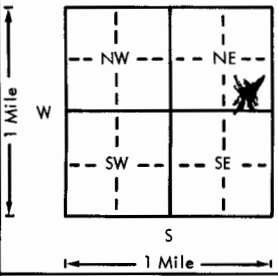


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Pott		Fraction SE 1/4 SE 1/4 NE 1/4		Section number 36		Township number T 7 S		Range number R 7 E	
2. Distance and direction from nearest town or city: SE-25. - 3/4 of Olsberg Street address of well location in city:				3. Owner of well: Percy Stowel R.R. or street City, state, zip code: Olsberg-66520					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. 8 in. Completion date 2-22-77 Well depth 90 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	
								8. Use: <input checked="" 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	
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> Clean Out & Recase Gray Brown at top Rock at Bottom </div>								9. Casing: Material Plst. Height <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded Clay Surface 16 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 90 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Set. 40	
				No log					
				0		5		11. Static water level: _____ mo./day/yr. 40 ft. below land surface Date 2-22-77	
				5		90		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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
								14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
								15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.	
								16. Nearest source of possible contamination: ft. 150 Direction East Type Septic tank Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								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	
18. Elevation:		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. Harpur Blg Service 176 Business name License No. Address Blue Rapids, Mo. Signed C.E. Harpur Date 2-22-77 Authorized representative					

T 7 S
 R 7 E
 Sec 36
 SE 1/4
 SE 1/4
 SE 1/4

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

Form WWC-5