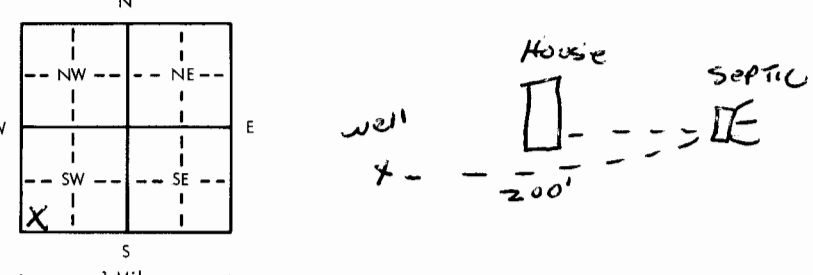


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 POTTAWATOMIE JACKSON		Fraction SW 1/4 SW 1/4 SW 1/4	Section number 3	Township number T 8 S	Range number R 12 E/W
2. Distance and direction from nearest town or city: 5 N OF Street address of well location if in city: EMMETT			3. Owner of well: VERN Boswell R.R. or street: City, state, zip code: EMMETT, KS		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. 10 in. Completion date _____ Well depth 95 ft. 5-9-77		
			7. <input checked="" type="checkbox"/> Cable tool <input checked="" 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		
			9. Casing: Material PVC Height: <input checked="" type="checkbox"/> Above or below Threaded _____ Welded _____ Surface 29 in. RMP _____ PVC 96 Weight 2.50 lbs./ft. Dia. 5 in. to 95 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 258		
5. Type and color of material			From	To	10. Screen: Manufacturer's name PUMACO
TOP SOIL			0	9	Type PVC Dia. 5"
Clay, BROWN			9	12	Slit/gauze .020 Length 20
Limestone, grey, shale			12	65	Set between 60 ft. and 80 ft.
Limestone, yellow			65	68	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1030x.060
Shale, grey, red, BLK			68	95	11. Static water level: _____ mo./day/yr. 61 ft. below land surface Date 5-9-77
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: CAP <input type="checkbox"/> Pitless adapter 29 Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
					16. Nearest source of possible contamination: ft. 200 Direction E Type SEPTIC 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
(Use a second sheet if needed)					
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: owner TO INSTAL SIAB		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. STRADER DALG Co Inc 182 Business name License No. Address RTL Holton, KS Signed Dale Adams Date 5-5-77 Authorized representative	

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

Form WWC-5