

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>Clay</b> Section <b>NE 1/4 NE 1/4 NE 1/4</b> Section number <b>12</b> Township number <b>T 8 S</b> Range number <b>R 3 E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|----------|------|------------|-------|-------------|-------|-----------|-------|-----------------------------|-------|------------|-------|-------------|-------|------------------------|-------|
| 2. Distance and direction from nearest town or city: <b>4 miles east of clay center on 24 Highway</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 3. Owner of well: <b>David ALLISON</b><br>City, state, zip code: <b>Leonardville Kans</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 4. Locate with "X" in section below:  Sketch map:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0 10</td></tr> <tr><td>Rock, Lime</td><td>10 19</td></tr> <tr><td>Shale, gray</td><td>19 22</td></tr> <tr><td>Rock Lime</td><td>22 45</td></tr> <tr><td>Rock Hard Lime, water below</td><td>45 50</td></tr> <tr><td>Shale, red</td><td>50 55</td></tr> <tr><td>Shale, blue</td><td>55 73</td></tr> <tr><td>Rock, Hard Lime yellow</td><td>73 76</td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                   | From | To | Top Soil | 0 10 | Rock, Lime | 10 19 | Shale, gray | 19 22 | Rock Lime | 22 45 | Rock Hard Lime, water below | 45 50 | Shale, red | 50 55 | Shale, blue | 55 73 | Rock, Hard Lime yellow | 73 76 |
| From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To                                                                                                                                                                                                                                                                                                                                                |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 10                                                                                                                                                                                                                                                                                                                                              |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Rock, Lime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10 19                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Shale, gray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 19 22                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Rock Lime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22 45                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Rock Hard Lime, water below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45 50                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Shale, red                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 50 55                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Shale, blue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 55 73                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Rock, Hard Lime yellow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 73 76                                                                                                                                                                                                                                                                                                                                             |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 6. Bore hole dia. <b>7 1/2</b> in. Completion date <b>5-11-78</b><br>Well depth <b>76</b> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 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                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 9. Casing: Material <b>PVC</b> Height <b>Above</b> or below<br>Threading <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>20</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>5</b> in. to <b>7 1/2</b> ft. depth Wall Thickness: <b>1/2" Wall</b><br>Dia. _____ in. to _____ ft. depth gauge No. _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 10. Screen: Manufacturer's name <b>M.P.I.</b><br>Type <b>P.V.C.</b> Dia. <b>5"</b><br>Slot/gauge <b>040</b> Length <b>40'</b><br>Set between <b>76</b> ft. and <b>36</b> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8" to 1/4"</b>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 11. Static water level: _____ mo./day/yr.<br><b>30</b> ft. below land surface Date <b>5-11-78</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 <b>20</b> 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: <b>NA</b><br><input type="checkbox"/> Pitless adapter _____ Inches above grade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 15. Well grouted? <input checked="" type="checkbox"/> <b>1-2'</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete<br>Depth: From <b>15</b> ft. to <b>5</b> ft.                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 16. Nearest source of possible contamination:<br>ft. <b>200</b> Direction <b>S. West</b> Type <b>ditch</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                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                   |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| 18. Elevation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19. Remarks:                                                                                                                                                                                                                                                                                                                                      |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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>Strader Drilling Co 2374</b><br>Business name <b>Blue Rapids</b> License No. _____<br>Address _____<br>Signed <b>Harold Strader</b> Date <b>5-11</b><br>Authorized representative |      |    |          |      |            |       |             |       |           |       |                             |       |            |       |             |       |                        |       |

8-3-0-12 NE 1/4 NE 1/4