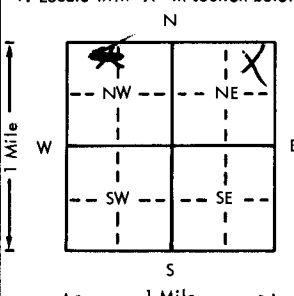


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 <i>Clay</i>	Fraction <i>northeast 1/4</i> 1/4 1/4 1/4	Section number <i>3</i>	Township number <i>9 30</i> S R <i>3 east</i> E/W	Range number
2. Distance and direction from nearest town or city <i>1/4 south + 3 east of clay center</i> Street address of well location if in city: <i>South side</i>			3. Owner of well: <i>Leland Mc Colborn</i> R.R. or street: <i>PH</i> City, state, zip code: <i>Clay Center Kans</i>			
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia: <i>10</i> in. Completion date Well depth: <i>103</i> ft. <i>2-19-77</i>		
5. Type and color of material				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		
				9. Casing: Material <i>PVC</i> Height <i>Above or below</i> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>9 1/2</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <i>5</i> in. to <i>103</i> ft. depth Wall thickness: inches <i>0</i> Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <i>Sch 40</i>		
				10. Screen: Manufacturer's name <i>Pumfice</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <input type="checkbox"/> Length: <i>30</i> Set between <i>103</i> ft. and <i>73</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/4 X 1/4</i>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <i>78</i> ft. below land surface Date <i>3-19-77</i>		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>18</i> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <i>NA</i>		
				14. Well head completion: <i>NA</i> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Nept cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>15</i> ft. to <i>5</i> ft.		
				16. Nearest source of possible contamination: ft. <i>500</i> Direction <i>north</i> Type <i>septic tank</i> 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:		19. Remarks:		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. <i>Strades Drilling Co 237</i> Business name <i>Blue Rapids</i> License No. _____ Address <i>Harold Shaller</i> Signed <i>Harold Shaller</i> Date <i>3-19-77</i> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5