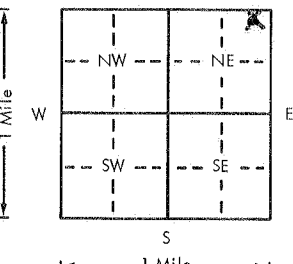


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>ROOKS</u> Fraction <u>NE 1/4 NE 1/4 NE 1/4</u> Section number <u>20</u> Township number <u>T 10</u> Range number <u>S R 20</u> E/W <u>EW</u>			
2. Distance and direction from nearest town or city: <u>5 mi south of</u> Street address of well location if in city: <u>Palco, Kas.</u>		3. Owner of well: <u>Fred Heller</u> R.R. or street: City, state, zip code: <u>Palco, Kans. 67659</u>	
4. Locate with "X" in section below: Sketch map: 		6. Bore hole dia. <u>10</u> in. Completion date <u>4-12-79</u> Well depth <u>83</u> ft.	
5. Type and color of material		7. <input 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 <u>plts</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>plm</u> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5</u> in. to <u>63</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>444</u>	
		10. Screen: Manufacturer's name <u>Jess + Lowell</u> Type <u>plts</u> Dia. <u>5 in</u> Slot/auze <input type="checkbox"/> Length <u>20</u> Set between <u>63</u> ft. and <u>83</u> ft. <input type="checkbox"/> Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 - 3/8</u>	
		11. Static water level: _____ mo./day/yr. <u>63</u> ft. below land surface Date <u>4-12-79</u>	
		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10 - Bailing</u> 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? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.	
		16. Nearest source of possible contamination: ft. <u>120</u> Direction <u>NW</u> Type <u>gasoline storage</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		17. Pump: _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>We do not install pumps</u>	
		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. <u>Luca Water Well Drilling</u> License No. <u>276</u> Business name Address <u>503 Monroe, Ellis Kas</u> Signed <u>John Luca</u> Date <u>5-5-79</u> Authorized representative	

T 10  
R 20  
W EW  
Sec 20  
NE NW  
1/4  
1/4  
1/4

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

Form WWC-5