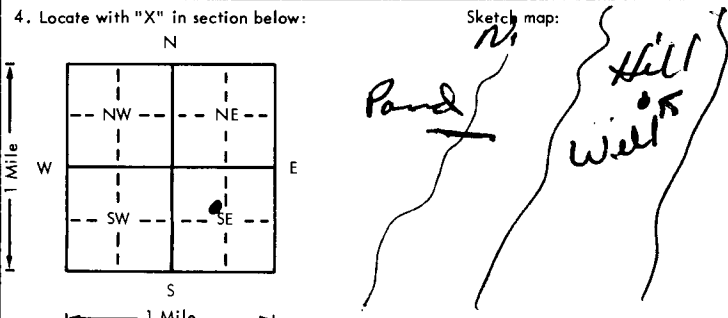


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Russell	Fraction SE^E 1/4 1/4 1/4	Section number 10	Township number T 11	Range number S R 12 E/W																					
2. Distance and direction from nearest town or city: 1/2 West Lucas 1/4 N. Street address of well location if in city:			3. Owner of well: Frederic Cooper R.R. or street: Lucas, Kansas. City, state, zip code:																							
4. Locate with "X" in section below: 			6. Bore hole dia. 2 1/2 in. Completion date 5/24/78 Well depth 114 ft.																							
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																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Yellow lime</td> <td>0</td> <td>17</td> </tr> <tr> <td>Black shale</td> <td>17</td> <td>71</td> </tr> <tr> <td>Gray shale</td> <td>71</td> <td>81</td> </tr> <tr> <td>Sand Rock (Dry) Brown</td> <td>81</td> <td>86</td> </tr> <tr> <td>Gray clay</td> <td>86</td> <td>105</td> </tr> <tr> <td>Sand Rock (wet) Pink</td> <td>105</td> <td>114</td> </tr> </tbody> </table>			Type and color of material	From	To	Yellow lime	0	17	Black shale	17	71	Gray shale	71	81	Sand Rock (Dry) Brown	81	86	Gray clay	86	105	Sand Rock (wet) Pink	105	114	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
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9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to all depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 1237			10. Screen: Manufacturer's name M.P.I. Type PVC Dia. 4" Slot/gauze 025 Length 10' Set between 104 ft. and 114 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/16" X 7/8"																							
11. Static water level: _____ mo./day/yr. 99 ft. below land surface Date 2/15/78			12. Pumping level below land surface: 110 ft. after Cylinder _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5.5 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 18 Inches above grade																							
15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 103 ft. to 91 ft. 19-0			16. Nearest source of possible contamination: ft. _____ Direction _____ Type NONE Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No																							
17. Pump: Windmill Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other			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. Small's 360 Business name _____ License No. _____ Address 25 South Kansas Williams Building 5/24/78 Sign _____ Date _____ Authorized representative Russell, Kansas																							
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: (Use a second sheet if needed)																							

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

Form WWC-5