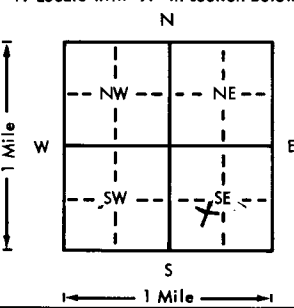
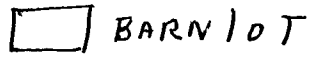


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Ellis</b> Fraction <b>NE 1/4 SW 1/4 SE 1/4</b> Section number <b>8</b> Township number <b>T 11 S R 17 E/W</b> Range number	
2. Distance and direction from nearest town or city: <b>8 South 5 1/2 E. of</b> Street address of well location if in city: <b>Plainville, Ks.</b> 3. Owner of well: <b>Ross Beach</b> R.R. or street: City, state, zip code: <b>HAYS, Ks. 67601</b>	
4. Locate with "X" in section below: Sketch map: <b>O well</b>  <b>3,000' S</b> 	
5. Type and color of material	
	From To
<b>CLAY</b>	<b>0 45</b>
<b>BLUE MUD</b>	<b>45 68</b>
<b>SAND</b>	<b>68 72</b>
<b>SHALE</b>	<b>72 73</b>
6. Bore hole dia. <b>9</b> in. Completion date <b>8/24/77</b> Well depth <b>73</b> ft.	
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 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	
9. Casing: Material <b>PST</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <b>9/16</b> Surface <b>18</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>63</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>250</b>	
10. Screen: Manufacturer's name <b>JESS &amp; Lowell</b> Type <b>PLASTIC</b> Dia. <b>5 1/2</b> Slot/gauze <b>1/16</b> Length <b>10'</b> Set between <b>63</b> ft. and <b>73</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/2-5/8</b>	
11. Static water level: _____ mp./day/yr. <b>40</b> ft. below land surface Date <b>8/24/77</b>	
12. Pumping level below land surfaces: <b>NOT PUMPED</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <b>NOT done</b> <input type="checkbox"/> Pitless adapter _____ Inches above grade	
15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: <b>BARN</b> ft. <b>3000</b> Direction <b>South</b> Type <b>LOT</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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 type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks: <b>Concrete slab to be installed by customer at ground level.</b>
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. <b>D. E. L. DRILLING Co 303</b> Business name <b>13 x 368</b> License No. _____ Address <b>Hill City, Ks. 67642</b> Signed <b>Alamy</b> Date <b>10-10-77</b> Authorized representative	

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

Form WWC-5