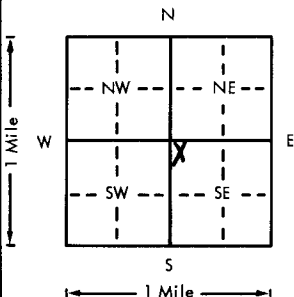
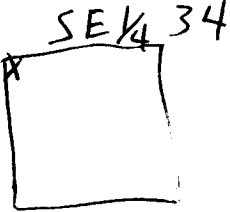


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Gove	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 34	Township number T 11 S	Range number R 27	DRL EW
2. Distance and direction from nearest town or city: Street address of well location if in city:		3. Owner of well: Merton Ikenberry R.R. or street: City, state, zip code: Quinter, Ks. 67752				
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. 19 in. Completion date _____ Well depth 112 ft. 7/25/75		
5. Type and color of material		From	To	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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 CEAS Height: above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> glamp Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 12 in. to 112 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____		
				10. Screen: Manufacturer's name Johnson Well Casing Type Cement asbestos 12 in Slot/gauze 3/6 Length 13 ft Set between 73 ft. and 112 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 down		
				11. Static water level: _____ mo./day/yr. 67 ft. below land surface Date 7/25/75		
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 150 g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> Cement slab With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
				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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Aqua Well Drilling 281 Business name License No. Address Gove, Ks. 67736 Signed J M Intelle Date 6-20 77 Authorized representative		

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

Form WWC-5