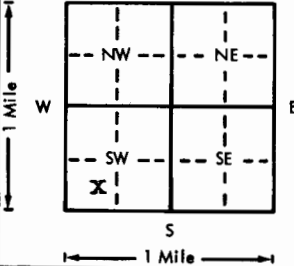


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Ellis	Fraction NW 1/4 SE 1/4 SW 1/4	Section number 9	Township number T Herzog 12 S	Range number R 16	
2. Distance and direction from nearest town or city: 12 miles South and 4 West of Natoma, Ks. Street address of well location if in city:			3. Owner of well: Leona Chrisler R.R. or street: R.R.#1 Natoma, Kansas 67651 City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. <u>10</u> in. Completion date <u>7/23/77</u> Well depth <u>35</u> ft.	
Top soil			0	15	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	
Sand			15	17	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	
Gray Clay			17	22	9. Casing: Material <u>PVC</u> Height: Above or below Threaded <u>W.M.S.</u> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <u>6"</u> Weight <u>1 1/2</u> lbs./ft. Dia. <u>5</u> in. to <u>35</u> ft. depth Wall thickness: inches or Dia. <u>5</u> in. to <u>35</u> ft. depth gauge No. <u>.250</u>	
Whitw gravel and rock			22	27	10. Screen: Manufacturer's name <u>1/16" slots-sawed</u> Type <u>slots</u> Dia. <u>5"</u> Slot/ <u>###</u> Length <u>7"</u> Set between <u>23</u> ft. and <u>30</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8"</u>	
Blue and black shale			27	35	11. Static water level: <u>19</u> ft. below land surface Date <u>7/23/77</u>	
					12. Pumping level below land surfaces: <u>20</u> ft. after <u>6</u> hrs. pumping <u>15</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
					13. Water sample submitted: <u> </u> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u> </u>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u> </u> inches above grade	
					15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
					16. Nearest source of possible contamination: <u>none</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 type="checkbox"/> Valley	19. Remarks: Owner atrees to put in pitless adapter and curb to comply with rules			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. Oscar Rush Water Well Service Business name License No. <u> </u> Address Natoma, Kansas 67651 Signed <u>Oscar Rush</u> Date <u>8/14/77</u> Authorized representative		

L-2 L-6-9 NW SE SW

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

Form WWC-5