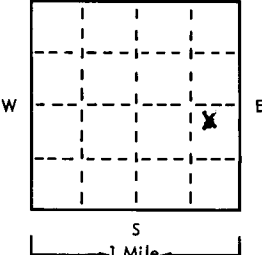


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Ellis</u>	Township name <u>Ellis</u>	Fraction <u>E 1/2 - 28 1/4</u>	Section number <u>29</u>	Town number <u>T 12 S</u>	Range number <u>R 20 W</u>
Distance and direction from nearest town or city: <u>2 1/2 miles north of Ellis, Kas.</u>			3 Owner of well: <u>John Binther</u> Address: <u>2719 Ash St Hays, Kansas</u>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <u>55</u> ft. Date of completion <u>4-8-75</u> Well diameter <u>7 1/2</u> in.
2			Type and color of material		From	To
			<u>Black dirt</u>		<u>1</u>	<u>6</u>
<u>Yellow Rock</u>		<u>6</u>	<u>54</u>			
<u>Shale (Blue)</u>		<u>54</u>	<u>55</u>			
			5 <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			
			6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>			
			7 Casing: Material <u>Plastic</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>Collar + screw</u> Weight _____ lbs./ft. _____ <u>5</u> in. to _____ ft. depth! Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>5</u> in. to <u>55</u> ft. depth! <u>200-235- 1/2" thick</u>			
			8 Screen: Manufacturer <u>Jess + Lowell</u> Type <u>Plastic</u> Dia. <u>5 in</u> Slot/gauze <u>1/4</u> Length <u>20 ft</u> Set between <u>25</u> ft. and <u>55</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material _____			
			9 Static water level: <u>20</u> ft. below land surface Date <u>4-8-75</u>			
			10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.			
			11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
			12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>10</u> inches above grade			
			13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.			
			14 Nearest source of possible contamination: <u>Hot</u> ft. <u>300</u> Direction <u>South</u> Type <u>Hot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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			
16 Remarks: elevation			17 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> Business name _____ License No. _____ Address <u>503 manual</u> _____ Signed <u>John Luca</u> _____ Date <u>4-8-75</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			(use a second sheet if needed)			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Ellis, Kans.

Form WWC-5