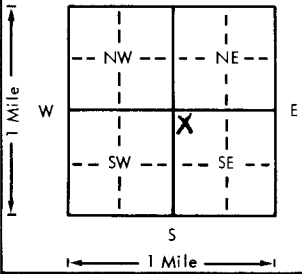


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Ottawa</b>	Fraction <b>NW<sub>1/4</sub> NW<sub>1/4</sub> SE<sub>1/4</sub></b>	Section number <b>3</b>	Township number T <b>12</b> S R	Range number <b>3 W</b> E/W			
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2 Mi. W. Bennington</b>			3. Owner of well: <b>Lester Mockerman</b> R.R. or street: <b>102 N. Clark</b> City, state, zip code: <b>Salina Ks 67401</b>					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 			6. Bore hole dia. <b>6</b> in. Completion date _____ Well depth <b>52</b> ft. <b>7/3/79</b>		
5. Type and color of material			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					
			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					
From			9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>52</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>R00</b>					
			10. Screen: Manufacturer's name <b>shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32"</b> Length <b>3'</b> Set between <b>49</b> ft. and <b>52</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>					
Silt + clay, tan + gray			11. Static water level: _____ mo./day/yr. <b>25</b> ft. below land surface Date <b>7/3/79</b>					
Silt, gray; contains gravel + sand			12. Pumping level below land surfaces: <b>ND</b> ft. after <b>1/2</b> hrs. pumping <b>30</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30</b> g.p.m.					
Gravel, fine to coarse + sand			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 <b>12</b> Inches above grade					
			15. Well grouted? <input checked="" type="checkbox"/> 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>Open field</b> ft. _____ Direction _____ Type <b>field</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
			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 type="checkbox"/> Upland <input checked="" 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. <b>Hydraulic Drilling Co 136</b> Business name _____ License No. _____ Address <b>Salina Mo</b> Signed <b>Ed Faust</b> Date <b>8/20/79</b> Authorized representative				

T-2-30-3 NW 1/4 SE

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

Form WWC-5