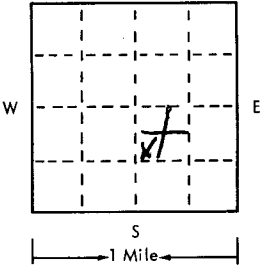


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Gove</u>	Township name: <u>Gove</u>	Fraction: <u>SW 1/4 SE</u>	Section number: <u>25</u>	Town number: <u>12</u>	Range number: <u>30</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>1 1/2 E 85th Gurnell</u>			3 Owner of well: <u>Walter Dahm</u> Address: <u>Gurnell, KS 67738</u>			
Locate with "X" in section below: N  Sketch map:			4 Well depth: <u>53</u> ft. Date of completion <u>5-81</u> Well diameter <u>9</u> in.			
			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			
			7 Casing: Material <u>POK</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight <u>200</u> lbs./ft. _____ <u>0</u> in. to <u>53</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
2 Type and color of material			From	To	8 Screen: Manufacturer <u>Jess Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16-1/8</u> Length _____ Set between <u>12</u> ft. and <u>23</u> ft. _____ Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____	
<u>Topsoil</u>			<u>0</u>	<u>19</u>	9 Static water level: <u>41</u> ft. below land surface Date <u>5-81</u>	
<u>Clay</u>			<u>19</u>	<u>50</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>2</u> g.p.m.	
<u>in gravel</u>			<u>50</u>	<u>51</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
<u>Ochre</u>			<u>51</u>	<u>53</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" 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: ft. <u>200</u> Direction <u>S</u> Type <u>Creek</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.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	
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>B &amp; B Drilling 376</u> Business no. _____ License No. _____ Address <u>Gurnell, KS</u> Signed <u>Joseph Beckma</u> Date <u>5-81</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

125-30W-25 SW-1/4-SE

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

Form WWC-5