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

WATER WELL RECORD
KSA 82a-1201-1215

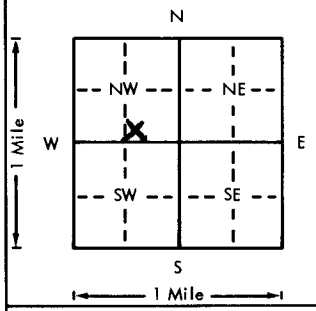
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: Lincoln	Fraction: SW 1/4 SE 1/4 NW 1/4	Section number: 36	Township number: T 12 S	Range number: R 6W E/W

2. Distance and direction from nearest town or city: 1 mi E + 3½ N of Juniata
Street address of well location if in city:

3. Owner of well: Lorenz Suelter
R.R. or street: Rt. 1
City, state, zip code: Beverly Kans 67423

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Silt, sandy, gray	0	1
Shale, yellow-gray	1	21
Sandstone, fine + shale, light gray	21	25
Sandstone, fine, light gray	25	60

(Use a second sheet if needed)

6. Bore hole dia. 6 in. Completion date 5/30/78
Well depth 60 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface 12 in.
RMP X PVC ____ Weight ____ lbs./ft.
Dia. 4 in. to 60 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. #200

10. Screen: Manufacturer's name Shop
Type slots Dia. 4"
Slot/gauze 3/32" Length 41
Set between 56 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? Y Size range of material 3/8

11. Static water level: mo./day/yr.
33.5 ft. below land surface Date 5/30/78

12. Pumping level below land surfaces:
10 ft. after 1 hrs. pumping 10 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 20 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? Y
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: open field
ft. ____ Direction ____ Type ____
Well disinfected upon completion? Y Yes ____ No

17. Pump: X Nat installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
X Slope
__ Upland
__ 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.
Hydraulic Drilling 126
Business name License No.
Address Salina Kans
Signed [signature] Date 7/6/78
Authorized representative

T 12 R 6 E (W) Sec 36 1/4 SW 1/4 SE 1/4 NW 1/4

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

Form WWC-5

M1-1023