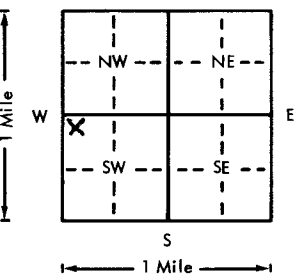


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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<br><b>LINCOLN</b> | Fraction<br><b>NW 1/4 SW 1/4</b>  | Section number<br><b>15</b>   | Township number<br>T <b>12</b> S R <b>7</b> <b>NW</b>   | Range number |
| 2. Distance and direction from nearest town or city:<br><b>25.3 E</b><br>Street address of well location if in city: <b>LINCOLN, KS</b> |  |                          | 3. Owner of well: <b>Perry West</b><br>R.R. or street: <b>R2</b><br>City, state, zip code: <b>LINCOLN, KS</b> |   |   |              |
| 4. Locate with "X" in section below:<br>N<br>1 Mile<br>W<br>E<br>S<br>1 Mile  |  |                          | Sketch map:<br>               |   | 6. Bore hole dia. <b>30</b> in. Completion date <b>5-7-77</b><br>Well depth <b>58</b> ft.   |              |
| 5. Type and color of material   |  |                          | From  | To  | 7. Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary   |              |
|   |  |                          |   |   | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |              |
|   |  |                          |   |   | 9. Casing: Material <b>Steel</b> Height: <b>Above</b> or below<br>Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in.<br>RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>16</b> in. to <b>38</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>3/16</b> "   |              |
|   |  |                          |   |   | 10. Screen: Manufacturer's name <b>Davey</b><br>Type <b>Steel</b> Dia. <b>16</b> "<br>Slot/gauze <b>1/8</b> " Length <b>20</b> '<br>Set between <b>38</b> ft. and <b>58</b> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2-3/4</b> "  |              |
|   |  |                          |   |   | 11. Static water level: <input type="checkbox"/> mo./day/yr.<br><b>23</b> ft. below land surface Date <b>5-7-77</b>   |              |
|   |  |                          |   |   | 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><b>52</b> ft. after <b>4</b> hrs. pumping <b>200</b> g.p.m.<br>Estimated maximum yield <b>200</b> g.p.m.  |              |
|   |  |                          |   |   | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date  |              |
|   |  |                          |   |   | 14. Well head completion:<br><input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade  |              |
|   |  |                          |   |   | 15. Well grouted? <input type="checkbox"/><br>With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete<br>Depth: From <b>0</b> ft. to <b>10</b> ft.   |              |
|   |  |                          |   |   | 16. Nearest source of possible contamination: <b>Farm</b><br>ft. <b>300</b> Direction <b>W</b> Type <b>yard</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |              |
|   |  |                          |   |   | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name<br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |              |
|   |  |                          | (Use a second sheet if needed)  |   |   |              |
| 18. Elevation:  |  | 19. Remarks:             |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Kellys Water Wellser 186</b><br>Business name <b>R2 Pinedy Bend, KS</b> License No. <b>1/4 1/4 1/4</b><br>Address <b>Kelly Price</b> Date <b>8-20-77</b><br>Signed <b>Kelly Price</b> Authorized representative |   |              |

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

Form WWC-5