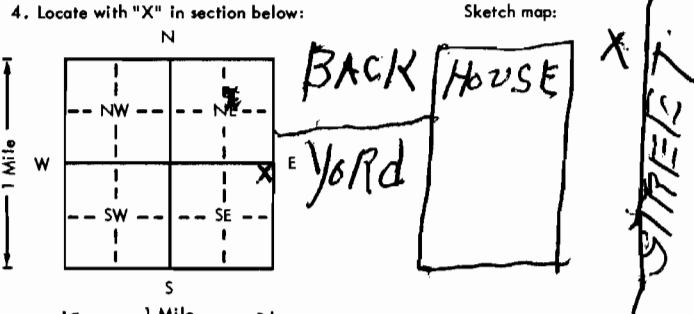


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 ELLIS	Fraction NE 1/4 NE 1/4 SE 1/4	Section number 27	Township number T 13	Range number S R 18	E/W																											
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: DOUGLAS WARRREN R.R. or street: 3708 COUNTRY LAKE City, state, zip code: HAYS KS. 67601																														
4. Locate with "X" in section below: 			6. Bore hole dia. _____ in. Completion date 7-20-1980 Well depth 51 ft.																														
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>TOP SOIL BLACK</td> <td>0</td> <td>5</td> </tr> <tr> <td>CLAY WHITE</td> <td>5</td> <td>16</td> </tr> <tr> <td>CLAY BROWN</td> <td>16</td> <td>30</td> </tr> <tr> <td>BLUE MUCK</td> <td>30</td> <td>48</td> </tr> <tr> <td>BLUE SHALE</td> <td>48</td> <td>67</td> </tr> <tr> <td colspan="3" style="text-align: center;">DRY HOLE</td> </tr> <tr> <td colspan="3" style="text-align: center;">NO SAND</td> </tr> <tr> <td colspan="3" style="text-align: center;">NO WATER</td> </tr> </tbody> </table>				From	To	TOP SOIL BLACK	0	5	CLAY WHITE	5	16	CLAY BROWN	16	30	BLUE MUCK	30	48	BLUE SHALE	48	67	DRY HOLE			NO SAND			NO WATER			8. Use: <input 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			
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(Use a second sheet if needed)			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____																														
			10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____																														
			11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____																														
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																														
			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____																														
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade																														
			15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.																														
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																														
			17. Pump: _____ 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																														
			18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			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. Business name _____ License No. 266 Address _____ Signed Raymond J. Campbell Authorized representative																											
19. Remarks: PLUGGED ONE SACK CEMENT 10 FT DOWN																																	

T 13 R 18 E S 27 NE 1/4 SE 1/4

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

Form WWC-5