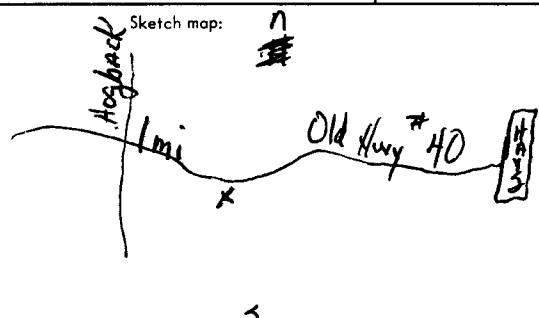
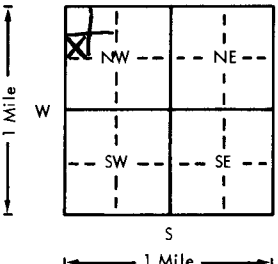


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 NW 1/4 NW 1/4	Section number 20	Township number T 13 S R 19 E W	Range number
2. Distance and direction from nearest town or city: 4 1/2 E of Ellis			3. Owner of well: Guy Bemis R.R. or street: HAY #1 City, state, zip code: HAYS KS 67601			
4. Locate with "X" in section below:		Sketch map: 			6. Bore hole dia. 7 1/8 in. Completion date X Well depth 50 ft.	
		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 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	
5. Type and color of material		From	To	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. _____		
Top Soil		0	2	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
Dark Brown clay		2	11	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
Fine Sand		11	15	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.		
Clay		15	31	13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____		
Clay + Sand		31	39	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Sand		39	49	15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.		
Shale		49	50	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No		
<p style="text-align: center;">(Use a second sheet if needed)</p>				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		
				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. Draper Water Well Dring. Inc. Business name _____ License No. 354 Address 406 W. 24th Signed Robert G. Draper Date 8-11-78 Authorized representative		
18. Elevation:		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. Draper Water Well Dring. Inc. Business name _____ License No. 354 Address 406 W. 24th Signed Robert G. Draper Date 8-11-78 Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<p style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">Not enough water tested + pulled pipe plugged</p>		<p style="font-size: 2em; text-align: right;">13 19 20</p> <p style="font-size: 2em; text-align: right;">T R E Sec</p> <p style="font-size: 2em; text-align: right;">SW 1/4</p>		

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

Form WWC-5