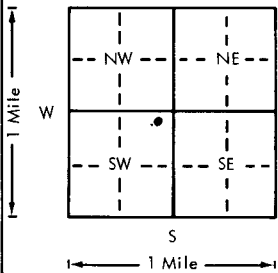


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4	Section number 8	Township number T 13	Range number S R 20	EW
2. Distance and direction from nearest town or city: Street address of well location if in city: 609 N. 8th Ellis, Kas.			3. Owner of well: Steve Werner R.R. or street: 609 W 8th St City, state, zip code: Ellis, Kas 671637			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. 10 in. Completion date _____ Well depth 34 ft. 4-2-79	
5. Type and color of material			From	To	7. <input checked="" 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	
Top soil			0	10	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
White fine sand mix coarse sand & gravel			10	32	9. Casing: Material plts Height: above or below Threaded <input type="checkbox"/> Welded gl Surface 20 in. RMP _____ PVC _____ Weight 275 lbs./ft. Dia. 5 in. to 14 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. 025	
Blue shale			32	34	10. Screens: Manufacturer's name <input checked="" type="checkbox"/> Debb & Lowell Type plts Dia. 5 <input checked="" type="checkbox"/> Slotted Length 20 Set between 14 ft. and 34 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8 - 3/8"	
					11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 4-2-79	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.	
					<input checked="" type="checkbox"/> Water sample submitted: Drinking no./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.	
					16. Nearest source of possible contamination: ft. 10 Direction South Type City Sewer Well disinfected upon completion? <input checked="" 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	
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: no pump in installed		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. Luca Water Well Drill 276 Business name License No. _____ Address 503-Monroe Ellis, Kas Signer John Luca Date 4-2-79 Authorized representative			

T 13 R 20 E 8 NE 1/4 SW 1/4

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

Form WWC-5