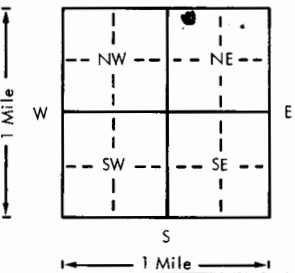


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Ellis</u>		Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>		Section number <u>8</u>	Township number <u>T 13</u>	Range number <u>S R 20 E 10</u>
2. Distance and direction from nearest town or city: <u>West north edge of Ellis, Kas.</u>			3. Owner of well: <u>Stan Brenberg</u> R.R. or street: <u>706 Jefferson St</u> City, state, zip code: <u>Ellis, Kas 67637</u>			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>6-25-79</u> Well depth <u>38</u> ft.	
					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	
					8. Use: <input checked="" 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	
					9. Casing: Material <u>plts</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gen</u> Surface <u>20</u> in. RMP <input type="checkbox"/> PVC <u>gen</u> Weight <u>14</u> lbs./ft. Dia. <u>5</u> in. to <u>18</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gage No. <u>14</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name <u>Geot Laidell</u> Type <u>plts</u> Dia. <u>5</u> Slot/gauze <u> </u> Length <u>20</u> Set between <u>18</u> ft. and <u>38</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/8</u>	
<u>Top soil</u>			<u>0</u>	<u>8</u>	11. Static water level: <u>20</u> ft. below land surface Date <u> </u> mo./day/yr.	
<u>7 ft. sand w/ m. to c. heavy sand</u>			<u>8</u>	<u>35</u>	12. Pumping level below land surfaces: <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> <u>gal/hr</u> g.p.m.	
<u>Shale (dark blue)</u>			<u>35</u>	<u>38</u>	13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> 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 <u>5</u> ft. to <u>15</u> ft.	
					16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>East</u> Type <u>Septic tank</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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 checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <u>no pump installed</u>		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. <u>Lusa Water Well Bldg. 276</u> Business name <u> </u> License No. <u> </u> Address <u>503 Monroe Ellis, Kas.</u> Signed <u>John Lusa</u> Date <u>6-25-79</u> Authorized representative		

T 13 R 20 E 10 NW 1/4 NE 1/4

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

Form WWC-5