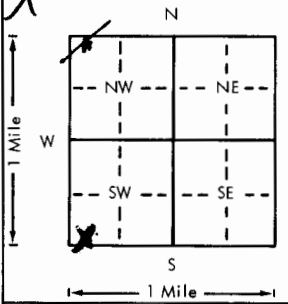


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

<input checked="" type="checkbox"/> Location of well:	County <b>Ellis</b>	<input checked="" type="checkbox"/> Section	Section number <b>9</b>	Township number <b>T 13 S R 20</b>	Page number <b>E 20</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>301 E. 6th St Ellis</b>			3. Owner of well: <b>Jim Wannamaker</b> R.R. or street: <b>301 E. 6th St</b> City, state, zip code: <b>Ellis, Mo. 67637</b>		
<input checked="" type="checkbox"/> Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>54</b> ft. <b>3-19-79</b>
<b>Top soil + Brown Clay</b>			<b>0</b>	<b>22</b>	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
<b>White F sand mix with C sand + gravel</b>			<b>22</b>	<b>51</b>	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<b>dark Blue Shale</b>			<b>51</b>	<b>54</b>	9. Casing: Material <b>plts</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>34</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>14</b>
					10. Screen: Manufacturer's name <b>Jess + Samell</b> Type <b>plts</b> Dia. <b>5</b> in. Slot/gauge _____ Length <b>20</b> Set between <b>34</b> ft. and <b>54</b> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8 - 3/16</b>
					11. Static water level: _____ mo./day/yr. <b>25</b> ft. below land surface Date <b>3-19-79</b>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>160</b> g.p.m.
					<input checked="" type="checkbox"/> Water sample submitted: _____ mo./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 <b>12</b> ft. to <b>31</b> ft.
					16. Nearest source of possible contamination: ft. <b>30</b> Direction <b>NW</b> Type <b>city sewer</b> 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: <b>We do not install pumps.</b>		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. <b>Luce Water Well Drill</b> Business name _____ License No. _____ Address <b>503 Monroe, Ellis 276</b> Signed <b>John Luce</b> Date <b>4-18-79</b> Authorized representative		

T 13 S R 20 E 9 Sec 20 SW

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

Form WWC-5