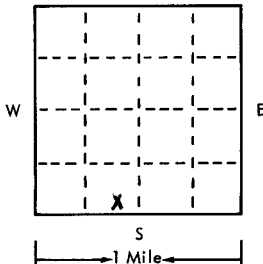


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Drego</u>	Township name <u>Illanco</u>	Fraction <u>SE 1/4 - SE 1/4 - SW 1/4</u>	Section number <u>29</u>	Town number <u>13</u>	Range number <u>21</u>
Distance and direction from nearest town or city: <u>3.5 6 1/2 W</u> Street address of well location if in city: <u>of Ellis, Kansas</u>				3 Owner of well: <u>Frank Bongartz</u> Address: <u>Sublette, Kansas</u>		
Locate with "X" in section below: 				4 Well depth: <u>34</u> ft. Date of completion <u>12-19-75</u> Well diameter <u>7.5</u> in.		
2 Type and color of material				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dig <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				6 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"/> Commercial <input type="checkbox"/> Test well		
From To				7 Casing: Material <u>Plastic</u> Height: above/below Threading <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>15</u> in. Diam. <u>5</u> in. to <u>14</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>5</u> in. to <u>14</u> ft. depth <u>4 1/2</u> in.		
				8 Screen: Manufacturer <u>Jess - Lowell</u> Type <u>Plastic</u> Dia. <u>5</u> Slot gauge <u>14</u> ft. Length <u>20</u> Set between <u>14</u> ft. and <u>34</u> ft. Fittings: Gravel pack <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size range of material <u>1/4</u>		
Topsoil light brown + yellow gumbo 0 11				9 Static water level: <u>19</u> ft. below land surface Date <u>12-19-75</u>		
White Rock mixed with yellow Rock. 11 33.5				10 Pumping level below land surfaces: <u>18.5</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. <u>18.5</u> ft. after <u>3</u> hrs. pumping <u>35</u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.		
Shale (Blue) medium compact 33.5 34				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>12-19-75</u>		
BROCK 33 ft				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade <u>154</u>		
14' sat. thickness in Og				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>6</u> ft. to <u>17</u> ft.		
33 19 14' sat. thickness				14 Nearest source of possible contamination: ft. <u>300</u> Direction <u>NW</u> Type <u>pond</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
282 33 249				15 Pump: <input type="checkbox"/> 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)				17 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>Lula Water Well Drilling</u> Business name _____ License No. <u>276</u> Address <u>503 Monroe</u> Signed <u>John Lula</u> Date <u>12-22-75</u> Authorized representative		
16 Remarks: elevation <u>2282 (TOPO)</u>						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5