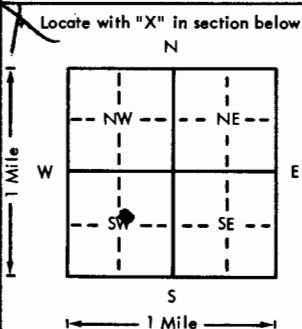
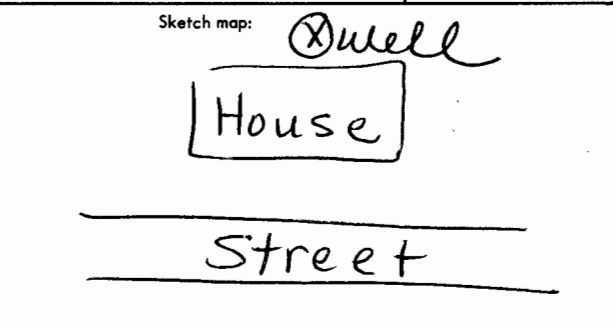


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Section: SE 1/4 NE 1/4 SW 1/4	Section number: 28	Township number: T 15	Range number: S 18 E/W 1															
2. Distance and direction from nearest town or city: Street address of well location if in city: Schoenchen			3. Owner of well: Jim Cook R.R. or street: City, state, zip code: Schoenchen, Ks.																	
4. Locate with "X" in section below: 		Sketch map: Well 		6. Bore hole dia. 9 in. Completion date 7/5/76 Well depth 32 ft.																
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Topsoil</td> <td>0</td> <td>5</td> </tr> <tr> <td>Sandy Soil</td> <td>5</td> <td>12</td> </tr> <tr> <td>Medium Sand</td> <td>20</td> <td>29</td> </tr> <tr> <td>Blue Shale</td> <td>29</td> <td>32</td> </tr> </tbody> </table>			From	To	Topsoil	0	5	Sandy Soil	5	12	Medium Sand	20	29	Blue Shale	29	32	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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
			From	To																
		Topsoil	0	5																
		Sandy Soil	5	12																
		Medium Sand	20	29																
Blue Shale	29	32																		
9. Casing: Material PVC Height 15 in. Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. RMP PVC Weight 200 lbs./ft. Dia. 5 in. to 32 ft. depth Wall Thickness: inches or Dia. 5 in. to 32 ft. depth gage No. 258		10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" Slope gauze <input type="checkbox"/> Length 10' Set between 20 ft. and 30 ft. Gravel pack? Yes Size range of material 1/4"																		
11. Static water level: 20 ft. below land surface Date 7/5/76		12. Pumping level below land surfaces: 25 ft. after 1 hrs. pumping 8 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																
14. Well head completion: 15 Inches above grade <input type="checkbox"/> Pitless adapter		15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 1 ft. to 10 ft.		16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																
17. Pump: <input checked="" 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		18. Elevation: Flat Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: None																
(Use a second sheet if needed)		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. Karst Water Well 199A Business name _____ License No. _____ Address E. Hwy 40 Signed M.D. Kas Date 7/5/76 Authorized representative																		

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

Form WWC-5