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

WATER WELL RECORD
KSA 82a-1201-1215

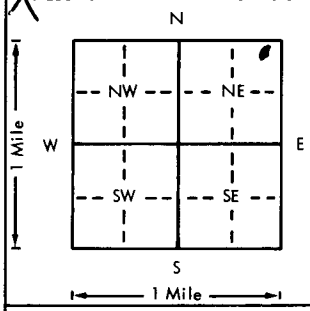
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County	Fraction	Section number	Township number	Range number
Ellis	ne 1/4 ne 1/4 nw 1/4	36	T 15 S	R 19 E (W)

2. Distance and direction from nearest town or city: 2 miles West Schoenchen Ks.
Street address of well location if in city:

3. Owner of well: Bernie Ronroy
R.R. or street:
City, state, zip code: Schoenchen Ks. 27659

X. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 10 in. Completion date 5-1-79
Well depth 33 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material pltc Height: (Above) or below
Threaded ___ Welded gl Surface 20 in.
RMP ___ PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 13 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 1/4 in

5. Type and color of material	From	To
Top soil	0	3
F (Red) Sand	3	6
Clay (Brown)	6	10
Clay (Gray)	10	22
F m/c White sand + white gravel	22	32
dark Blue Shale	32	33

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess-Lowell
Type pltc Dia. 5
(Slot) gauze ___ Length 20
Set between 13 ft. and 33 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8-3/8

11. Static water level: mo./day/yr.
13 ft. below land surface Date 5-1-79

12. Pumping level below land surfaces:
18 ft. after 1 hrs. pumping 15 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 15 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? X
With: __ Neat cement __ Bentonite X Concrete
Depth: From 4 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. 150 Direction N.E. Type Septic tank
Well disinfected upon completion? X Yes __ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
X Upland
__ Valley

19. Remarks:
We do not install pumps

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 Drlg 276
Business name License No.
Address 503 Monroe Ellis
Signed John Luca Date 5-5-79
Authorized representative

T 15 R 19 E (W) Sec 36 1/4 NE 1/4 NE 1/4 NE

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

Form WWC-5

MI-1023