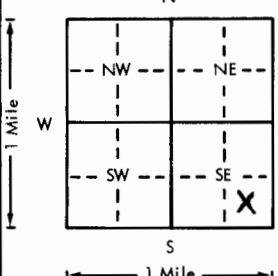


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>Ellsworth</u> Fraction <u>C 1/4 SE 1/4 SE 1/4</u> Section number <u>12</u> Township number <u>T 16 S</u> Range number <u>R 9 E/W</u>	
2. Distance and direction from nearest town or city: <u>1 W. 3 3/4 S. West into field, from Ellsworth, KS.</u>	
3. Owner of well: <u>Ed Peterman</u> R.R. or street: <u>Rt. 2 Box 44</u> City, state, zip code: <u>Ellsworth, KS, 67439</u>	
4. Locate with "X" in section below: Sketch map: 	
6. Bore hole dia. <u>11</u> in. Completion date <u>8-19-77</u> Well depth <u>90</u> ft.	
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 checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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>PVC</u> Height: Above or <u>below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>4 1/2</u> in. to <u>90</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>237</u>	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0</u> <u>2</u>
<u>Fire clay</u>	<u>2</u> <u>43</u>
<u>Sand rock</u>	<u>43</u> <u>50</u>
<u>white clay</u>	<u>50</u> <u>56</u>
<u>Fire clay</u>	<u>56</u> <u>62</u>
<u>Shale</u>	<u>62</u> <u>74</u>
<u>Sand rock & shale</u>	<u>74</u> <u>80</u>
<u>Shale</u>	<u>80</u> <u>87</u>
<u>Sand rock</u>	<u>87</u> <u>90</u>
<u>Shale</u>	<u>90</u> <u> </u>
(Use a second sheet if needed)	
11. Static water level: <u>22</u> ft. below land surface Date <u>8-19-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>30</u> ft. after <u>1</u> hrs. pumping <u>20</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>40</u> g.p.m.	
13. Water sample submitted: <u>X</u> Yes <u> </u> No Date <u>8-19-77</u> mo./day/yr.	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>400</u> Direction <u>East</u> Type <u>septic</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" 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	
18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	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>Armandy Bemis</u> <u>134</u> Business name <u> </u> License No. <u> </u> Address <u>Meat Ranch, KS, 67530</u> Signed <u>Armandy Bemis</u> Date <u>8-24-77</u> Authorized representative

T 16 S 9 R 9 E/W
Sec 12 CSESE

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

Form WWC-5