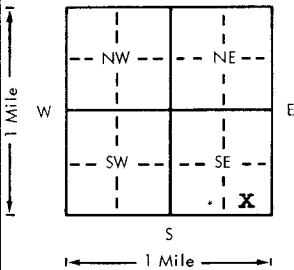


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Barton	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 32	Township number T 17 S R 12 EW	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: In Redwing, Kansas			3. Owner of well: Lowell D. Meier R.R. or street: Box 258 City, state, zip code: Claflin, Kansas 67525		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>38</u> ft. <u>9-11-79</u>
top soil			0	2	7. <input checked="" 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
clay			2	13	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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
clay w/streaks of fine sand and broken rock			13	38	9. Casing: Material <u>PVC</u> Height: Above or Below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia <u>5 1/2</u> to <u>38</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>.258</u>
fire clay			38	40	10. Screen: Manufacturer's name <u>certain teed</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauge <u>1/16</u> Length <u>13</u> Set between <u>25</u> ft. and <u>38</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8-1/2</u>
					11. Static water level: _____ mo./day/yr. <u>19</u> ft. below land surface Date <u>9-11-79</u>
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping <u>NA</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>9-11-79</u>
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</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>15</u> ft.
					16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>west</u> Type <u>septic tank</u> Well disinfected upon completion? <input checked="" 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
			(Use a second sheet if needed)		
18. Elevation:	19. Remarks: FOOT		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>Rosencrantz-Bemis 134</u> Business name License No. Address <u>Box 713 Great Bend, KS</u> Signed <u>Fredia Nordson</u> Date <u>9-28-79</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 17 S R 12 EW Sec 32 SESESE 1/4 1/4 1/4

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

Form WWC-5