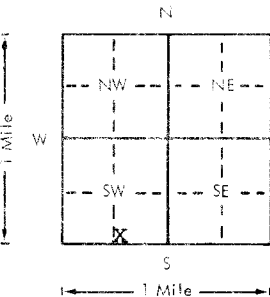


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Rush</b>	Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>4</b>	Township number <b>T 17 S R 20 E 10</b>	Range number
2. Distance and direction from nearest town or city: <b>3 mi. N. of Alexander, Ks.</b> Street address of well location if in city: <b>1/4 E - 1/4 W of McCracken</b>			3. Owner of well: <b>Loren Wright</b> R.R. or street: <b>none</b> City, state, zip code: <b>Alexander, Kansas 67513</b>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <b>11</b> in. Completion date _____ Well depth <b>240</b> ft. <b>5-5-78</b>		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	
5. Type and color of material			From	To	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	
Black Top soil			0	1	9. Casing: Material <b>pvc</b> Height: Above or <del>xxx</del> Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight: _____ lbs./ft. Dia. <b>5 1/2</b> in. to <b>240</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>258</b>	
Brown clay			1	9	<input checked="" type="checkbox"/> Screen: Manufacturer's name <b>CertainTeed</b> Type <b>pvc</b> Dia. <input checked="" type="checkbox"/> <b>5 1/2</b> Slot <del>xxxx</del> <b>1/16</b> Length: <b>70</b> Set between <b>170</b> ft. and <b>240</b> ft. _____ ft. and _____ ft.	
Yellow Brown clay			9	31	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>	
Light tan clay			31	33	11. Static water level: _____ mo./day/yr. <b>88</b> ft. below land surface Date <b>5-5-78</b>	
Brown sandy clay			33	43	12. Pumping level below land surfaces: <b>88</b> ft. after <b>1</b> hrs. pumping <b>11</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>11</b> g.p.m.	
Sand & gravel			43	47	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>5-5-78</b>	
Brown & white clay			47	49	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
Hard white rock			49	52	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>60</b> ft.	
Black shale			52	57	16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>South</b> Type <b>septic</b> Well disinfected upon completion? <b>HTH</b> Yes <input type="checkbox"/> No	
Black shale w/streaks of hard gray rock			57	95	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	
Black brittle shale w/streaks of blue clay			95	126	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. <b>Rosencrathz=Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas 67530</b> Signed <b>Shandy Kutzgore</b> Date <b>5-19-78</b> Authorized representative	
Hard white rock			126	127		
Black shale			127	157		
Gray clay w/traces of sand rock			157	162		
Blue & gray clay			162	170		
18. Elevation:			19. Remarks: <i>cont. next pg.</i>			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

17  
R  
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S  
E  
C  
1/4  
1/4  
1/4

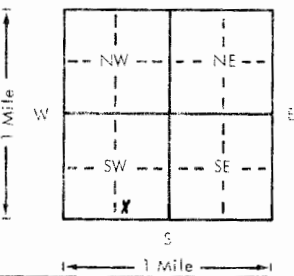
Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

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 <b>Rush</b>	Fraction <b>SW 1/4 SE 1/4 SW 1/4</b>	Section number <b>4</b>	Township number <b>T 17 S</b>	Range number <b>R 20 EW</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>LOREN WRIGHT</b> R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.		
5. Type and color of material		From		To		
		White clay		170	172	7. <input type="checkbox"/> Cable tool <input 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
		Gray sand rock		172	185	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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
		Gray g clay		185	204	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
		Sand rock w/sand rock		204	208	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input type="checkbox"/> Size range of material _____
		<del>20</del> Gray clay		208	210	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
		Sand rock & gray clay		210	216	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
		Gray clay		216	225	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
		White clay w/sand rock		225	240	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
		Red <del>fox</del> fire clay		240	248	15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.
(Use a second sheet if needed)				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: _____ 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:		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.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			

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

Form WWC-5