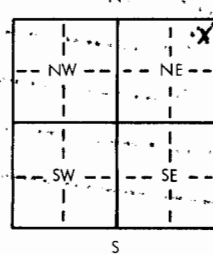



USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

well #2

1. Location of well: County NESS Fraction NE 1/4 NE 1/4 NE 1/4 Section number 12 Township number T 17 S R 25 E/W Range number	
2. Distance and direction from nearest town or city: 4 miles E 2 1/2 S. of 4 miles W Street address of well location if in city: RAMSDEN, KS. 3. Owner of well: OLIVER TILLITSON R.R. or street: City, state, zip code: RAMSDEN, KS 67572	
4. Locate with "X" in section below:  Sketch map: 	
5. Type and color of material	
6. Bore hole dia. 9 in. Completion date 10/2/78 Well depth 27 ft.	
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	
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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material plastic Height Above or below Surface 18 in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 27 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 250	
10. Screen: Manufacturer's name CROWN LINE PLASTICS INC Type plastic Dia. 5" Slot/gauze 1/16 Length 10' Set between 27 ft. and 17 ft. Gravel pack? yes Size range of material 4 to 5/8"	
11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 10/2/78	
12. Pumping level below land surfaces: NOT PUMPED _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: NOT DONE _____ Pitless adapter _____ Inches above grade	
15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: CORRAIS ft. 400 Direction S W Type _____ 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: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____	
18. Elevation: _____ Topography: _____ Hill _____ Slope _____ Upland _____ <input checked="" type="checkbox"/> Valley _____	
19. Remarks: CONCRETE SLAB TO BE INSTALLED AT GROUND SURFACE BY CUSTOMER.	
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. DEL DRILLING CO. 303 Business name _____ License No. _____ Address 368 Hill City, KS 67612 Signed Allen H. ... Date 4-19-78 Authorized representative	

L 2 250 12 NE 1/4 NE 1/4

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

Form WWC-5