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

WATER WELL RECORD
KSA 82a-1201-1215

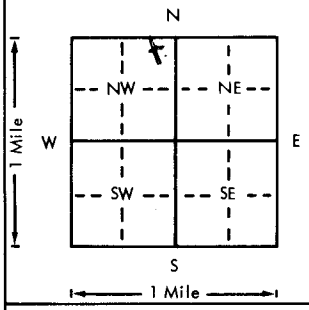
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: NESS | Fraction: NE 1/4 NE 1/4 NW 1/4 | Section number: 9 | Township number: T 17 S | Range number: R 26 E/W

2. Distance and direction from nearest town or city: 1 WEST - 3 SOUTH
Street address of well location if in city: 1/2 WEST FROM UTICA, KS.

3. Owner of well: MYRON POPP
R.R. or street:
City, state, zip code: UTICA KANSAS 67584

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date 10-20-77
Well depth 60 ft.

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

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

9. Casing: Material _____ Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 24 in.
RMP X PVC ____ Weight _____ lbs./ft.
Dia. 5 in. to 50 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 250

5. Type and color of material	From	To
BROWN CLAY	0	12
FINE SAND	12	26
BROWN CLAY	26	46
SANDY CLAY	46	56
BLUE SHALE	56	60
(Use a second sheet if needed)		

10. Screen: Manufacturer's name OTL
Type RMP Dia. 5"
Slot/gauze 1/16 Length 10'
Set between 50 ft. and 60 ft.
____ ft. and ____ ft.
Gravel pack? YES Size range of material #1

11. Static water level: mo./day/yr.
46 ft. below land surface Date 10-20-77

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 3 g.p.m.

DATED

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

14. Well head completion:
__ Pitless adapter 24 Inches above grade

15. Well grouted? YES
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 11 ft.

16. Nearest source of possible contamination:
ft. _____ Direction NIL Type _____
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

T 17 R 26 E/W Sec 9 1/4 NE 1/4 NE 1/4 NW

18. Elevation:

Topography:
__ Hill
__ Slope
X Upland
__ 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 Dean Waterhouse Drlg 243 License No.
Address HANSTON KANSAS
Signed Dean Waterhouse Date 11-5-77
Authorized representative

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

Form WWC-5

MI-102