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

WATER WELL RECORD
KSA 82a-1201-1215

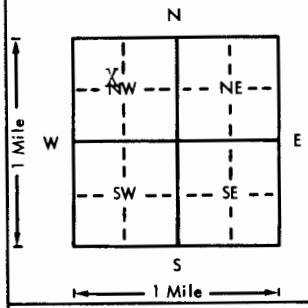
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Lane	SE 1/4 NW 1/4 NW 1/4	36	T 17 S	R 30 E/W

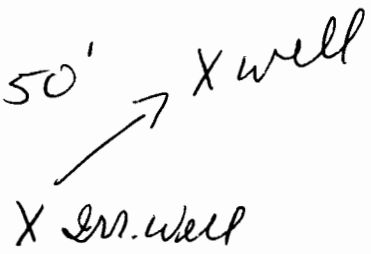
2. Distance and direction from nearest town or city: 3N, 2E, ½N
Street address of well location if in city: of Amy, KS

3. Owner of well: Dexter Cramer
R.R. or street:
City, state, zip code: Healy, KS 67850

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date
Well depth 125 ft. 1-12-76

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 Plas. Height: Above or below
Threaded ___ Welded Glue Surface 12 in.
RMP X PVC ___ Weight 1.8 lbs./ft.
Dia. 5 in. to 105 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .250

5. Type and color of material	From	To
Clay	0	20
Gyp	20	32
Clay	32	53
Fine sd clay T	53	67
Sd med	67	95
Sd coarse	95	120
Clay yellow	120	125

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess & Lowell
Type RMP Dia. 5 in.
Slot gauze 1/16 Length 20 ft.
Set between 105 ft. and 125 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material ½-1/8

11. Static water level: mo./day/yr.
80 ft. below land surface Date 12-26-75

12. Pumping level below land surfaces:
90 ft. after 1 hrs. pumping 4 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 4 g.p.m.

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

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination: Irr. Well
ft. 50 Direction NE Type
Well disinfected upon completion? X Yes ___ No

17. Pump: ___ Not installed
Manufacturer's name Aermotor
Model number ___ HP ___ Volts ___
Length of drop pipe 115 ft. capacity 4 g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal Windmill X Other

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.
Weishaar Drilling 232
Business name License No.
Address Scott City, KS 67871
Signed [signature] Date
Authorized representative 2-11-76

T 17 R 30 (W) m Sec 36 1/4 SE 1/4 NW 1/4

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

Form WWC-5

MI-1023