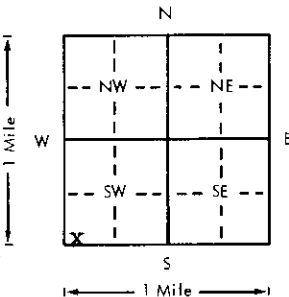


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Rush	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 26	Township number T 18 S R 16 E 0	Range number
2. Distance and direction from nearest town or city: 2-W 1-S 1/2-W of Albert, Kansas. Street address of well location if in city:			3. Owner of well: Junior Swob R.R. or street: Box 37 City, state, zip code: Albert, Kansas 67511		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 1 1/2 in. Completion date _____ Well depth 50 ft. 5-23-78		
5. Type and color of material			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		
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			9. Casing: Material pvc Height: Above or below _____ Threaded _____ Welded _____ Surface 2 1/2 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 1/2 in. to 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. .258		
From			To		
Brown clay			0 32		
Broken rock			32 34		
Brown clay			34 44		
Broken rock			44 50		
Gray clay			50 50		
110 Gal / yr					
			11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 5-23-78		
			12. Pumping level below land surfaces: 18 ft. after 1/2 hrs. pumping 15 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 50 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 5-23-78		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ 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 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: ft. 100 Direction East Type corral Well disinfected upon completion? HTH 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: 195			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy K. Kovic Date 5-31-78 Authorized representative			

T 18 S R 16 E Sec 26

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

Form WWC-5