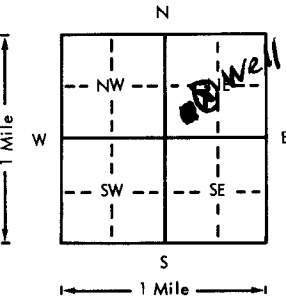
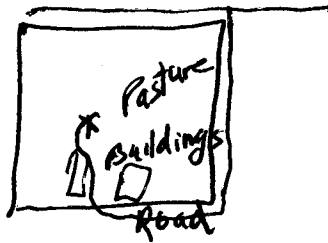


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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: <u>Lane</u>		Fraction: <u>NE 1/4 SW 1/4 NE 1/4</u>		Section number: <u>9</u>		Township number: <u>T 18 S</u>		Range number: <u>R 30</u>		<u>DR</u> EAW	
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <u>Owen Herndon</u> R.R. or street: <u>Healy, Ks.</u> City, state, zip code:							
4. Locate with "X" in section below: 				Sketch map: 		6. Bore hole dia. <u>19</u> in. Completion date _____ Well depth <u>127</u> ft. <u>3/31/77</u>					
				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 checked="" type="checkbox"/> Reverse rotary							
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <u>Coas</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Clamp Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>12</u> in. to <u>127</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____							
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Johnson Well Casing</u> Type <u>cement asbestos</u> <u>12</u> in. Slot/gauze <u>3/6</u> Length <u>13</u> ft. Set between _____ ft. and _____ ft. <u>75</u> ft. and <u>127</u> ft. Grovel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2</u> down			
								11. Static water level: _____ mo./day/yr. <u>60</u> ft. below land surface Date <u>3/31/77</u>			
								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>500</u> g.p.m.			
								13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			
								14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
								<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> <u>Cement slab</u> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From <u>0</u> ft. to <u>5</u> ft.			
								<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. <u>Aqua Well Drilling</u> <u>281</u> Business name License No. Address <u>Gove, Ks. 67736</u> Signed <u>J. M. Little</u> Date <u>6-20-77</u> Authorized representative			

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

Form WWC-5