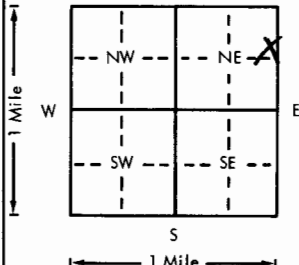


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>McPherson</b>	Fraction <b>SE 1/4 NE 1/4 NE 1/4</b>	Section number <b>29</b>	Township number <b>T 19 S</b>	Range number <b>R 4 E</b>
2. Distance and direction from nearest town or city: <b>2 E of Conway</b> Street address of well location if in city:			3. Owner of well: <b>NCRA</b> R.R. or street: <b>Box 908</b> City, state, zip code: <b>McPherson, Ks.</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. <b>1 1/2</b> in. Completion date <b>12-16-76</b> Well depth <b>188</b> 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 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 <b>observatic</b>
					9. Casing: Material <b>PVC</b> Height: Above of <b>below</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>24</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>100</b> lbs./ft. <b>220</b> Dia. <b>4 1/2</b> in. to <b>128</b> ft. depth Wall Thickness <b>1/4</b> inch or Dia. <b>4 1/2</b> in. to <b>140</b> ft. depth gage No. <b>2 2 3/4</b> <b>sehe 4</b>
					10. Screen: Manufacturer's name <b>R/B</b> Type <b>PVC</b> Dia. <b>1 1/2</b> Slot/gauze <b>1/32</b> Length <b>5</b> Set between <b>135</b> ft. and <b>140</b> ft. <b>110</b> ft. and <b>115</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>
					11. Static water level: <b>25</b> ft. below land surface Date <b>12-16-76</b>
					12. Pumping level below land surfaces: <b>70</b> ft. after <b>2</b> hrs. pumping <b>40</b> g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield <b>60</b> g.p.m.
					13. Water sample submitted: <b>mo./day/yr.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>12-16-76</b>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> Inches above grade
					15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>West</b> Type <b>gas well</b> 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					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. <b>Rosencrantz-Bemis</b> <b>134</b> Business name <b>Great Bend, Ks.</b> License No. Address <b>Great Bend, Ks.</b> Signed <b>Freda Nelson</b> Date <b>1/1</b> Authorized representative
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

USE TYPEWRITER OR BALL  
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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: <u>McPherson</u>		County: <u>McPherson</u>	Fraction: <u>SE 1/4 NE 1/4 NE 1/4</u>	Section number: <u>29</u>	Township number: <u>T 19</u>	Range number: <u>S R 4</u>	E/W: <u>E/W</u>
2. Distance and direction from nearest town or city: <u>1/2 E</u> Street address of well location if in city:				3. Owner of well: <u>NCRA</u> R.R. or street: <u>001</u> City, state, zip code: <u>000 000 000</u>			
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: <i>Oil this to your record or file.</i>		6. Bore hole dia. <u>9</u> in. Completion date <u>12-16-76</u> Well depth <u>170</u> ft.			
5. Type and color of material		From		To		7. <input type="checkbox"/> Cable tool <input 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	
		2		3		8. Use: <input 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	
		3		16		9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.	
		16		18		Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
		18		22		10. Screen: Manufacturer's name <input type="checkbox"/> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>	
		22		75		11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>	
		75		82		12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
		82		120		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/>	
		120		138		14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade	
						15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Recirculating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:		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 <input type="checkbox"/> License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed <input type="checkbox"/> Authorized representative <input type="checkbox"/> Date <input type="checkbox"/>			

(Use a second sheet if needed)

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