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

T	R	EW	sec 1/4	1/4	1/4	No.			

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Rice	Township name [redacted] Union	Fraction NW¼ SW¼	Section number 34	Town number 19S	Range number 6W

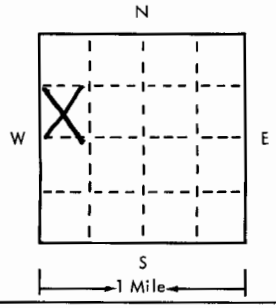
Distance and direction from nearest town or city: 2 miles S and 2-S of Little River Kans.

Street address of well location if in city:

3 Owner of well: Arthur C. Hodgson

Address: Little River Kans R.1

Locate with "X" in section below:



Sketch map:

4 Well depth: 42 ft. Date of completion 8-27-95
Well diameter 9 in.

5 [X] Cable tool [ ] Rotary [ ] Driven [ ] Dug
[ ] Hollow rod [ ] Jetted [ ] Bored [ ] Reverse rotary

6 Use: [X] Domestic [ ] Public supply [ ] Industry
[ ] Irrigation [ ] Air conditioning [ ] Commercial
[ ] Test well [X] Human - Stock

7 Casing: Material Plast. Height: above/below
Threaded [ ] Welded [X] Surface 24 in.
Diam. Weight 4 lbs./ft. 1
6 in. to 42 ft. depth Drive shoe? [ ] Yes [X] No
___ in. to ___ ft. depth

2

Type and color of material	From	To
Soil	1	5
Clay	5	20
Sandy Clay	20	35
Red Shale	35	42
(use a second sheet if needed)		

8 Screen:
Manufacturer Cententced
Type Plast. PVC Dia. 6 in.
Slot/gauze 1/4 Length 20 ft
Set between 22 ft. and 42 ft.
Fittings:
Gravel pack [X] Yes [ ] No Size range of material 1/4

9 Static water level:
17 ft. below land surface Date 8-27-95

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

11 Water sample submitted:
[X] Yes [ ] No Date 8-29-95

12 Well head completion:
[ ] Pitless adapter [X] Inches above grade 24 in

13 Well grouted? [X] Yes [ ] No
[X] Neat cement [ ] Bentonite [ ] ___
Depth: From 0 ft. to 10 ft.

14 Nearest source of possible contamination:
ft. 300 Direction SE Type Cr. crit.
Well disinfected upon completion? [X] Yes [ ] No

15 Pump: [X] Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.m.p.
Type:
[ ] Submersible [ ] Turbine
[ ] Jet [ ] Reciprocating
[ ] Certrifugal [ ] Other

16 Remarks: elevation

Topography:
[ ] Hill
[ ] Slope
[X] Upland
[ ] Valley

17 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 Arthur Varney License No. 147
Address Lyons Kans.
Signed Arthur Varney Date 8-29-95
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5