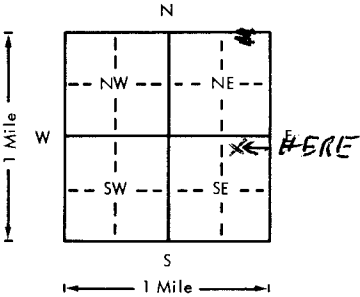


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>PAWNEE</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>17</b>	Township number <b>T 20 S</b>	Range number <b>R 20 E</b>
2. Distance and direction from nearest town or city: <b>1 MI. WEST</b> Street address of well location if in city: <b>9 MI. NORTH FROM BURDETT</b>			3. Owner of well: <b>GEORGE MILLER</b> R.R. or street: City, state, zip code: <b>BURDETT, KANSAS 67523</b>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>57</u> ft. <u>10 april 1978</u>		
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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From To			9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>47</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth   gage No. <u>SCH. 40</u>		
			10. Screen: Manufacturer's name _____ <b>MODERN PIPE</b> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16"</u> Length <u>10'</u> Set between <u>47</u> ft. and <u>57</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>#1</u>		
TOPSOIL			0	3	11. Static water level: _____ mo./day/yr. <u>14</u> ft. below land surface Date <u>4/10/78</u>
TAN CLAY AND BLACK SAND			3	10	12. Pumping level below land surfaces: <b>BAILED</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping <u>12</u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.
TAN CLAY			10	48	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
GREY CLAY SAND AND BROKEN ROCK			48	50	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
GREY CLAY			50	54	15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
BLACK SHALE			57	60	16. Nearest source of possible contamination: ft. <u>10</u> Direction <u>SOUTH</u> Type <u>TANK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>SEE 19</u> Model number _____ HP _____ Volts _____ Length of drop pipe <u>42</u> 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
					18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley
19. Remarks: <b>REF: 17</b> <b>WELL WILL BE PUMPED WITH WINDMILL AND THREE INCH CYLINDER</b>			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>DEAN WATERHOUSE DRILLING 243</b> Business name _____ License No. _____ Address <b>HANSTON, KANSAS 65849</b> Signed _____ Date <u>5/6/1978</u> Authorized representative		

T 20 R 20 E 17 NENESE 1/4 1/4 1/4

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

Form WWC-5