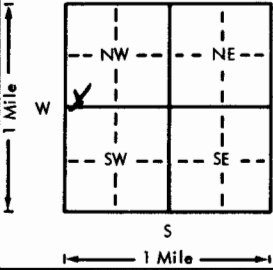


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Wichita	Fraction SW 1/4 SW 1/4 NW 1/4	Section number 8	Township number T 20 S R 35 E	Range number 35
2. Distance and direction from nearest town or city: 10 1/2 S of Street address of well location if in city: Marienthal, Kansas			3. Owner of well: Alex Holstein R.R. or street: RFD #2 City, state, zip code: M Leoti, KS 67861		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. 9 in. Completion date _____ Well depth 115 ft. 7-29-76		
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		
			9. Casing: Material Plas. Height: above or below Threaded <input type="checkbox"/> Welded Glue Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight 1.8 lbs./ft. Dia. 5 in. to 95 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. 250		
			10. Screen: Manufacturer's name Jess & Lowell Type RMP Dia. 5 in. <input checked="" type="checkbox"/> Slot gauze 1/16 Length 20 ft. Set between 95 ft. and 115 ft. _____ ft. and _____ ft. Gravel pack <input checked="" type="checkbox"/> yes Size range of material 1/8-1/4		
			11. Static water level: _____ mo./day/yr. 88 ft. below land surface Date 7-29-76		
12. Pumping level below land surfaces: NA _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.		
16. Nearest source of possible contamination: Feed ft. 20 Direction E Type Lot 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		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: (Use a second sheet if needed)		
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. Weishaar Drilling 232 Business name License No. Address Scott City, KS 67871 Signature [Signature] Date 8-17-76 Authorized representative					

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

Form WWC-5