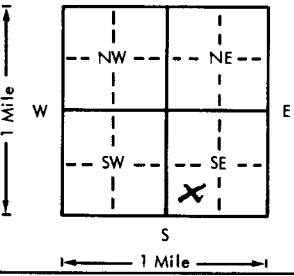


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

*Unruh #1*

1. Location of well:	County <u>Pawnee</u>	Fraction <u>C 1/4 SW 1/4 SE 1/4</u>	Section number <u>30</u>	Township number <u>21 S</u>	Range number <u>15 W</u>
2. Distance and direction from nearest town or city: <u>2 1/2 miles south</u>			3. Owner of well: <u>B &amp; N Drilling Co</u>		
Street address of well location if in city: <u>Pawnee Rock</u>			R.R. or street: <u>Independence Kans</u>		
City, state, zip code: <u>Independence Kans</u>					
4. Locate with "X" in section below:			Sketch map:		
					
5. Type and color of material			From	To	
					6. Bore hole dia. <u>8</u> in. Completion date <u>10-8-77</u>
					Well depth <u>60</u> 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other
					9. Casing: Material <u>Plastic</u> Height: <u>5</u> above or below
					Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in.
					RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>287.3</u> lbs./ft.
					Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or
					Dia. <u>5</u> in. to <u>60</u> ft. depth gage No. <u>1</u>
					10. Screen: Manufacturer's name <u>Self made</u>
					Type <u>10 PC</u> Dia. <u>6</u>
					Slot gauge <u>8</u> Length <u>20</u>
					Set between <u>40</u> ft. and <u>60</u> ft.
					<u>40</u> ft. and <u>60</u> ft.
					Gravel pack <u>yes</u> size range of material <u>1/4" - 1/2"</u>
					11. Static water level: <u>10</u> ft. below land surface Date <u>10-8-77</u>
					mo./day/yr. <u>10-8-77</u>
					12. Pumping level below land surfaces:
					<u>10</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m.
					<u>10</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m.
					Estimated maximum yield <u>10</u> g.p.m.
					13. Water sample submitted: <u>10-8-77</u> mo./day/yr.
					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>10-8-77</u>
					14. Well head completion:
					<input type="checkbox"/> Pitless adapter <u>10</u> inches above grade
					15. Well grouted? <u>yes</u>
					With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete
					Depth: From <u>6</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination:
					ft. <u>10</u> Direction <u>10</u> Type <u>10</u>
					Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed
					Manufacturer's name <u>10</u>
					Model number <u>10</u> HP <u>10</u> Volts <u>10</u>
					Length of drop pipe <u>10</u> ft. capacity <u>10</u> 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:	19. Remarks:		20. Water well contractor's certification:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<u>Myers Water Well</u>		
<input checked="" type="checkbox"/> Slope			Business No. <u>10</u> License No. <u>10</u>		
<input type="checkbox"/> Upland			Address <u>10</u> <u>10</u> <u>10</u>		
<input type="checkbox"/> Valley			Signed <u>10</u> Date <u>10-8-77</u>		

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

Form WWC-5