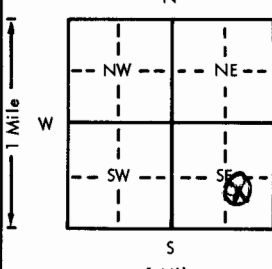


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Mephereson</b>	Fraction <b>NW 1/4 SE 1/4 SE 1/4</b>	Section number <b>22</b>	Township number <b>T 21 S R 2 E</b>	Range number <b>2</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>Same</b>				3. Owner of well: <b>Elmer Wedel</b> R.R. or street: <b>308 W Park St.</b> City, state, zip code: <b>Mountain View, KNS</b>		
4. Locate with "X" in section below: 				6. Bore hole dia. <b>11</b> in. Completion date <b>9/22/76</b> Well depth <b>54</b> ft.		
5. Type and color of material				From	To	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
top soil				0	3	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
brown clay				3	19	9. Casing: Material <b>plastic</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.28</b> lbs./ft.
grey clay				19	23	Dia. <b>5</b> in. to <b>24</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>2125</b>
medium sand				23	27	10. Screen: Manufacturer's name <b>Robin-Tec</b> <b>DOWN SLOT</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>10/64</b> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8" - 1/4"</b>
blue shale				27	34	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>13</b> ft. below land surface Date <b>9/22/76</b>
lime stone				34	35	12. Pumping level below land surfaces: <b>20</b> ft. after <b>4</b> hrs. pumping <b>10</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>12/15</b> g.p.m.
brown shale				35	49	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
blue shale				49	51	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12"</b> inches above grade
Washington shale				51	54	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
(Use a second sheet if needed)						16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>west</b> Type <b>house</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						17. Pump: <input checked="" 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"/> Reciprocating <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. <b>PAULS INC #125</b> Business name <b>Hession, KNS</b> License No. Address <b>Hession, KNS</b> Signed <b>Paul Brant</b> Date <b>9/22/76</b> Authorized representative		

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

Form WWC-5