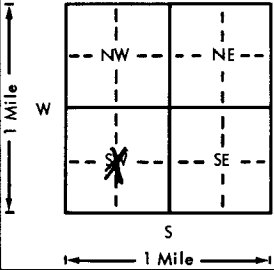


USE TYPEWRITER OR BALL
POINT PEN—PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Osage</u>		Fraction <u>1/4 C 1/4 SW 1/4</u>	Section number <u>10</u>	Township number <u>T 22 S</u>	Range number <u>R 15 E NW</u>
2. Distance and direction from nearest town or city: <u>6 mi E. 13 1/4 mi S. East into field</u> Street address of well location if in city: <u>from Lapped, KS</u>			3. Owner of well: <u>Ron Ashworth</u> R.R. or street: <u>Rt. #2</u> City, state, zip code: <u>Garnett, Kansas 67550</u>		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 			6. Bore hole dia. <u>2 1/4</u> in. Completion date <u>6-8-77</u> Well depth <u>198</u> ft.		
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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>Steel</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia <u>1 1/2</u> in. to <u>198</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <u>7</u>		
			10. Screen: Manufacturer's name <u>Berns</u> Type <u>Steel</u> Dia. <u>1 1/2</u> in. Slot <u>3/16</u> Length <u>126</u> Set between <u>72</u> ft. and <u>198</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 3/8</u>		
			11. Static water level: <u>25</u> ft. below land surface Date <u>3-5-74</u> mo./day/yr.		
(Use a second sheet if needed)			12. Pumping level below land surfaces: <u>51</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>1400</u> g.p.m.		
			13. Water sample submitted: <u> </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-5-74</u>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> 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.		
			16. Nearest source of possible contamination: ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. Elevation: <u>22097</u> (CE) Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			17. Pump: Manufacturer's name <u>W.I.R.</u> Not installed Model number <u>5-1250</u> HP <u>100</u> Volts <u> </u> Length of drop pipe <u>90</u> ft. capacity <u> </u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
			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. <u>Rosenkrantz Benis</u> <u>134</u> Business name License No. Address <u>Cheat Bend, Kansas 67530</u> Signed <u>Shirley K. Benis</u> Date <u>7-22-77</u> Authorized representative		
			19. Remarks: <u>22097 (CE)</u>		
			22 150 10 1/4 C SW		
			1/4 1/4 1/4		

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

Form WWC-5