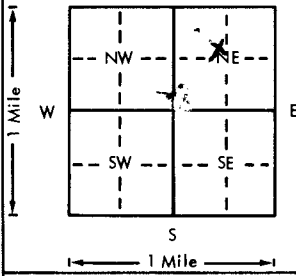


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Piland #1

1. Location of well: County <i>Shafford</i>		Fraction <i>SE 1/4 NW 1/4 NE 1/4</i>	Section number <i>1</i>	Township number <i>T 23 S</i>	Range number <i>R 14 W</i>
2. Distance and direction from nearest town or city: <i>5 north 3 west St John</i>			3. Owner of well: <i>Emphasis Drilling Co</i> R.R. or street: <i>Russell Kansas</i> City, state, zip code:		
4. Locate with "X" in section below: 			6. Bore hole dia. <i>8</i> in. Completion date <i>9-27-77</i> Well depth <i>80</i> ft.		
5. Type and color of material			7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
			8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☒ Oil field water ☐ Other		
			9. Casing: Material <i>Plastic</i> Height: <i>Above</i> or below Threaded ☐ Welded ☒ Surface <i>12</i> in. RMP ☐ PVC ☒ Weight <i>287.3</i> lbs./ft. Dia. <i>5</i> in. to <i>80</i> ft. depth Wall Thickness: inches or Dia. ☐ in. to ☐ ft. depth Gauge No. <i>200</i>		
			10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVE</i> Dia. <i>5</i> Slot gauge <i>5</i> Length <i>20</i> Set between <i>60</i> ft. and <i>80</i> ft. Gravel pack? <i>yes</i> Size range of material <i>5-1/4</i>		
			11. Static water level: <i>16</i> ft. below land surface Date <i>9-27-77</i> mo./day/yr.		
(Use a second sheet if needed)			12. Pumping level below land surfaces: ____ 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 ☒ No ☐ Date ____		
			14. Well head completion: ____ Pitless adapter ____ inches above grade		
			15. Well grouted? <i>yes</i> With: ____ Neat cement ☒ Bentonite ____ Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
			16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? ____ Yes ____ No		
18. Elevation: Topography: ☐ Hill ☒ Slope ☐ Upland ☐ Valley			17. Pump: ☒ Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ 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. <i>Myers water well</i> Business name: <i>Myers water well</i> License No. <i>143</i> Address: <i>St John</i> Signed: <i>Q Myers</i> Date: <i>9-27-77</i> Authorized representative		
			19. Remarks:		

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

Form WWC-5