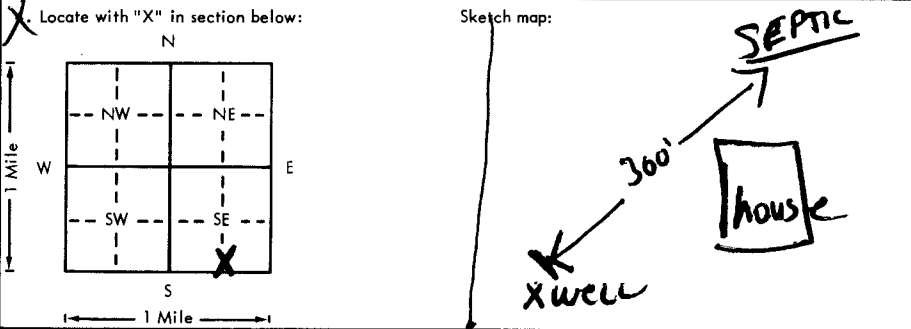


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 EDWARDS Hamilton Fraction SW SE SW SE 1/4 1/4 SE 1/4 Section number 30 Township number T 23 S Range number R 20 W	
2. Distance and direction from nearest town or city: 8 EN Street address of well location if in city: OF OFFENLE KS 3. Owner of well: Herrman Bros. R.R. or street: City, state, zip code: OFFENLE KS	
X Locate with "X" in section below: Sketch map: <div style="display: flex; justify-content: space-around; align-items: center;">  </div>	
6. Bore hole dia. 8" in. Completion date 8-10-79 Well depth 160 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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material PVC Height: above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 160 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 250	
X Screen: Manufacturer's name Peerless Type PVC Dia. 4" Slot/gauze 20/46" Length 20' Set between 140 ft. and 160 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 X 3/8	
11. Static water level: _____ mo./day/yr. 110 ft. below land surface Date 8-10-79	
12. Pumping level below land surfaces: _____ NOT _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m.	
13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12" Inches above grade	
15. Well grouted? Yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: SEPTIC ft. 300 Direction North Type CAVINGS Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: Goulds <input type="checkbox"/> Not installed Manufacturer's name Model number 7EH HP 1/2 Vol. 230 Length of drop pipe 150 ft. capacity 7 g.p.m. Type: <input checked="" 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: _____ Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: _____
X 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. BRW DRILLING 217 Business name BUCKLIN KS. License No. Address RWB Signed RWB Authorized representative Date 9-17-79	

T 23
 R 20
 W
 Sec 30
 SW SE SE
 1/4 1/4 1/4

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

Form WWC-5