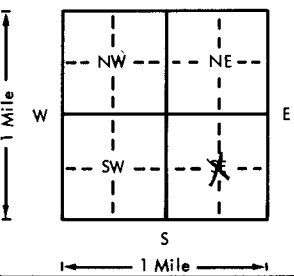


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Edwards</i>	Fraction <i>1/4 C 1/4 SE 1/4</i>	Section number <i>31</i>	Township number <i>T 24 S R 16 E/W</i>	Range number <i>16</i>
2. Distance and direction from nearest town or city: <i>1 W 1 3/4 S 1/4 W. into field from Belpre, Ks.</i>				3. Owner of well: <i>Garry Adams</i> R.R. or street: <i>NA</i> City, state, zip code: <i>Belpre, Ks. 67519</i>		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <i>2 1/2</i> in. Completion date _____ Well depth <i>85</i> ft. <i>4-8-77</i>		
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		
From To				9. Casing: Material <i>Steel</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>85</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>7</i>		
				10. Screen: Manufacturer's name _____ Type <i>Steel</i> Dia. <i>1 1/2</i> Slot/gauze <i>3/16</i> Length <i>82'</i> Set between <i>5.9</i> ft. and <i>8.5</i> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 3/8</i>		
Sandy top soil				11. Static water level: _____ mo./day/yr. <i>14</i> ft. below land surface Date <i>1-20-77</i>		
				12. Pumping level below land surfaces: <i>27</i> ft. after <i>1</i> hrs. pumping <i>600</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1400</i> g.p.m.		
Brown clay				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>1-20-77</i>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
Light brown sandy clay				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: ft. <i>1400</i> Direction <i>North</i> Type <i>septic</i> Well disinfected upon completion? <i>NA</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sand & gravel				17. Pump: _____ Not installed Manufacturer's name <i>Rayne Bowler</i> Model number <i>6-25-77</i> HP <i>60</i> Volts _____ Length of drop pipe <i>70</i> ft. capacity <i>800</i> 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		
				(Use a second sheet if needed)		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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>Rosenkrantz-Bemis 134</i> Business name _____ License No. _____ Address <i>1414 S. Bond St. 67519</i> Signed <i>Sandy Wilson</i> Date <i>5-26-77</i> Authorized representative				

T 24 S 16 R 16 E Sec 31 C 1/4 SE 1/4

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

Form WWC-5