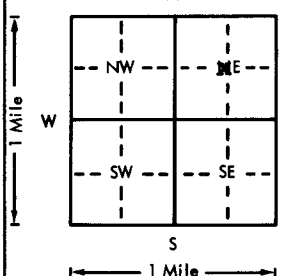


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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	Fraction 1/4 1/4 CNE 1/4	Section number 35	Township number T 24 S	Range number R 16 E	
2. Distance and direction from nearest town or city: 4 miles SE of Belpre Street address of well location if in city:			3. Owner of well: ABBE MILLER R.R. or street: Rural Route City, state, zip code: Macksville, KS 67557			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 24 in. Completion date 6-1-76 Well depth 180 ft.		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input 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 checked="" 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 steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <input type="checkbox"/> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
		top soil & sand	0	9	10. Screen: Manufacturer's name SEE REMARKS Type <input type="checkbox"/> Dia. <input type="checkbox"/> <input checked="" type="checkbox"/> Slot gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 3/9-200	
		sandy clay & soft sandstone	9	27	11. Static water level: <input type="checkbox"/> mo./day/yr. 12' 6" below land surface Date 6-7-76	
		sandy clay, sand & limestone	27	49	12. Pumping level below land surfaces: N/C <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.	
		sand & gravel	49	57	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
		brown clay & gravel	57	60	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12 inches above grade	
		sand & gravel	60	69	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> 10 ft.	
		brown & gray clay & limestone	69	108	16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
sand & gravel	108	123	17. Pump: Not installed Manufacturer's name FGC-Peerless Model number 12MB-5 HP 60 Volts 460 Length of drop pipe 70 ft. capacity 900 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			
soft, gray clay	123	149	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. Clarke Well & Eq. Inc. 185 Business name License No. Address Great Bend, KS 67530 Signed <i>[Signature]</i> Date 6-21-76 Authorized representative			
sand & gravel	149	159				
sand & gravel	159	164				
brown clay	164	170				
sand & gravel	170	176				
brown clay	176	180				
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Casing & Screen record on page 2, section 5.					

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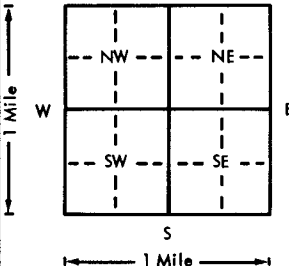
Form WWC-5

T 24
 R 16
 Sec 35
 1/4 CNE
 1/4 1/4
 1/4 1/4

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	Fraction 1/4 1/4 CNE 1/4	Section number 35	Township number T 24 S	Range number R 16 EW	
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Abbe Miller (CONTINUED) R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.		
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input 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		
CASING & SCREEN RECORD				8. Use: <input 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		
		16" Plain Casing	0	53	9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
		16" Johnson Screen .125 Irrigator	53	58	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ <u>Slot</u> gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
		16" Plain Casing	58	60	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
		16" Johnson Screen .125 Irrigator	60	70	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.	
		16" Plain Casing	70	109	13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____	
		16" Johnson Screen .125 Irrigator	109	124	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
		16" Plain XXXXXX Casing	124	160	15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
		16" Doerr XXXXXX Screen Double-slot	160	180	16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		(Use a second sheet if needed)				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Clarke Well & Eq. Inc. 185 Business name _____ License No. _____ Address Great Bend, KS 67530 Signed <i>[Signature]</i> Date 6-21- Authorized representative			

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Form WWC-5