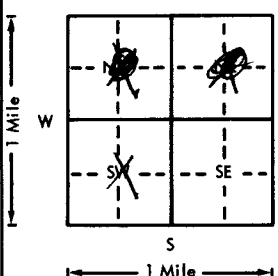


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>EDWARDS</b>	Fraction <b>1/4</b> <del>C</del> <b>SW</b> <del>1/4</del>	Section number <b>9</b> <del>10</del>	Township number <b>T 24 S</b>	Range number <b>R 17 W</b>
2. Distance and direction from nearest town or city: <b>SW-24N-4W of Belvue, To</b> Street address of well location if in city:			3. Owner of well: <b>John Carson</b> R.R. or street: <b>Rt. 2</b> City, state, zip code: <b>Lewis, KS</b>		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>22</b> in. Completion date <b>6-17-76</b> Well depth <b>100</b> ft.
Sand Top Soil			0	1/2	7. 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
Clay			1/2	17	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
Fine Sand			17	21	9. Casing: Material <b>Steel</b> Height: <b>above ground</b> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>100</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>7</b>
					10. Screen: Manufacturer's name <b>Doerrs</b> Type <input type="checkbox"/> Dia. <b>16</b> Slot <b>3/16</b> Length <b>40</b> Set between <b>65</b> ft. and <b>100</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/2 3/4 3/8</b>
					11. Static water level: <input type="checkbox"/> mo./day/yr. <b>21</b> ft. below land surface Date <b>2-3-76</b>
					12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <b>NA</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <b>NA</b> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>2-3-76</b>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
					16. Nearest source of possible contamination: ft. <b>134</b> Direction <b>W</b> Type <b>farmhouse</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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
(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:		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. <b>Rosenkrantz-Bemis 134</b> Business name License No. Address <b>Great Bend, KS</b> Signed <b>Freddie Hudson</b> Date <b>9/14/76</b> Authorized representative		

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

Form WWC-5