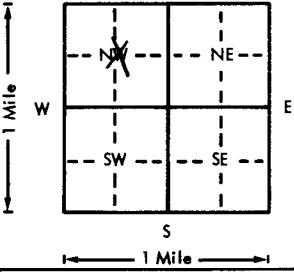


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 C NW 1/4 1/4 1/4	Section number 14	Township number T 24 S R 17	Range number 17
2. Distance and direction from nearest town or city: 4W - 1 1/2 W of Silport, Ks. Street address of well location if in city:				3. Owner of well: John Carson R.R. or street: Rt. 2 City, state, zip code: Lewis, Ks.		
4. Locate with "X" in section below: 				Sketch map:		6. Bore hole dia. 8 1/2 in. Completion date 6-18-76 Well depth 88 ft.
				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		
				9. Casing: Material steel Height: <input checked="" type="checkbox"/> above or <input type="checkbox"/> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 16 in. to 88 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 7		
5. Type and color of material				From	To	10. Screen: Manufacturer's name _____
Sandy Top Soil				0	2	Type steel Dia. 16
Clay				2	18	Slot/ 3/16 Length 40
Sand				18	21	Set between 48 ft. and 88 ft.
Clay				21	24	ft. and _____ ft.
Sand & Gravel				24	38	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8
Sand & Gravel clay mixed				38	42	11. Static water level: _____ mo./day/yr. 18 ft. below land surface Date 2-3-76
Clay				42	43	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping NA g.p.m. _____ ft. after _____ hrs. pumping NA g.p.m. Estimated maximum yield _____ g.p.m.
Good Gravel				43	51	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 2-3-76
Clay				51	53	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
Good Sand & gravel				53	65	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.
Good Gravel				65	73	16. Nearest source of possible contamination: ft. 2 1/4 Direction W Type farm house Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clay				73	73 1/2	17. Pump: <input checked="" type="checkbox"/> Not installed
Good Gravel				73 1/2	82	Manufacturer's name _____
Clay				82	83	Model number _____ HP _____ Volts _____
Sand				83	86	Length of drop pipe _____ ft. capacity _____ g.p.m.
Clay				86	118	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
Fire Clay (Use a second sheet if needed)				118	135	
18. Elevation:		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. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address 1111 Bend St Signed Fredia Rodan Date 9/14/76 Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5