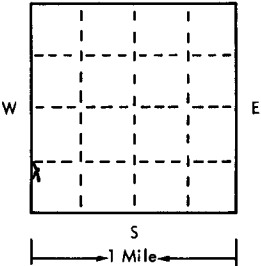


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County: <u>Edwards</u>	Township name:	Fraction: <u>NW/34E</u>	Section number: <u>21</u>	Town number: <u>24</u>	Range number: <u>17</u>
Distance and direction from nearest town or city: <u>2 East 1/4 North of Lennis, Kas</u> Street address of well location if in city:			3 Owner of well: <u>Dean Newson</u> Address: <u>Lennis, Kas.</u>			
Locate with "X" in section below: N  S 1 Mile			Sketch map:			4 Well depth: <u>57</u> ft. Date of completion <u>7/24/75</u> Well diameter <u>8</u> in.
2 Type and color of material			From	To	5 <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	
					6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
					7 Casing: Material <u>plc</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. Diam. _____ Weight <u>160</u> lbs./ft. _____ <u>4</u> in. to <u>37</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth	
					8 Screen: Manufacturer <u>R+B</u> Type <u>plc</u> Dia. <u>4</u> Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>37</u> ft. and <u>57</u> ft. Fittings: <u>3/4-3/8-1/4</u> Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>ew-3</u>	
					9 Static water level: <u>23</u> ft. below land surface Date <u>7/24/75</u>	
					10 Pumping level below land surfaces: <u>NA.</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
					11 Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
					12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.	
					14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>NW</u> Type <u>septic tank</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Bermator</u> Model number <u>5019</u> HP <u>3/4</u> Volts <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>20</u> g.m.p. 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				
16 Remarks: elevation			17 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. <u>Reservant, Benis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Kas</u> Signed <u>Dean Newson</u> Date <u>7/24/75</u> Authorized representative			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5