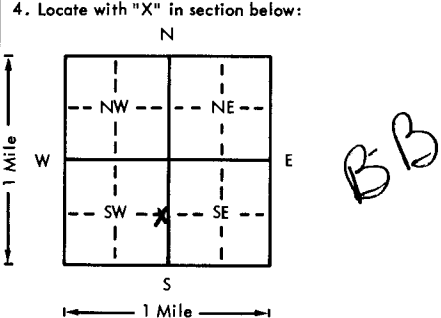


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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: <i>B</i>	County <i>Edwards</i>	Fraction <i>C 1/4 E S 1/4 SW 1/4</i>	Section number <i>8</i>	Township number <i>T 24 S R 18 E/W</i>	Range number
2. Distance and direction from nearest town or city: <i>3W-2N-1/4 W North into field</i> Street address of well location if in city: <i>from Lewis, Ks.</i>			3. Owner of well: <i>O. B. Adamo</i> R.R. or street: <i>West Highway 50</i> City, state, zip code: <i>Garden City, Ks. 67846</i>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <i>3 3/4</i> in. Completion date _____ Well depth <i>34</i> ft. <i>7-12-77</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			9. Casing: Material <i>steel</i> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>24</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>31</i> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <i>7</i>		
			10. Screen: Manufacturer's name _____ <i>Doern</i> Type <i>steel</i> Dia. _____ Slot <i>3/16</i> Length <i>20</i> Set between <i>14</i> ft. and <i>34</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>12 3/4 3/8</i>		
From			11. Static water level: _____ mo./day/yr. <i>8</i> ft. below land surface Date <i>7-11-77</i>		
			12. Pumping level below land surfaces: <i>18</i> ft. after <i>1</i> hrs. pumping <i>450</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
From			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>7-11-77</i>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
From			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. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
From			17. Pump: <input checked="" type="checkbox"/> 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		
			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>Rosenblatt-Bemis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks 67530</i> Signed <i>Sandy Hilger</i> Date <i>10-1-77</i> Authorized representative		
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			(Use a second sheet if needed)		

T 24  
 R 18 E  
 W 8  
 Sec 8  
 1/4 C  
 1/4 E  
 1/4 S  
 SW

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

Form WWC-5