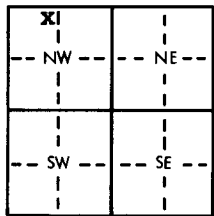


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

**WATER WELL RECORD**  
**KSA 82a-1201-1215**

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

County <b>Edwards</b>		Fraction <b>NE 1/4 NW 1/4 NW 1/4</b>	Section number <b>7</b>	Township number <b>25</b>	Range number <b>17</b>		
1. Location of well: <b>2 1/2 miles Southeast of Lewis, KS</b> Street address of well location if in city:			3. Owner of well: <b>Merle Mundhenke</b> R.R. or street: <b>Route 2</b> City, state, zip code: <b>Lewis, KS 67552</b>				
4. Locate with "X" in section below: N  W E S 1 Mile		Sketch map:		6. Bore hole dia. <b>9</b> in. Completion date <b>1-14-77</b> Well depth <b>58</b> 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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
top soil		0		3		9. Casing: Material <b>Styrene</b> Weight: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>1.5</b> lbs./ft. Dia. <b>5</b> in. to <b>46</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>200#</b>	
brown & gray clay		3		32		10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>Styrene 200</b> Dia. <b>5"</b> <input checked="" type="checkbox"/> Slot gauze <b>1/8"</b> Length <b>12'</b> Set between <b>46</b> ft. and <b>58</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>3/8-200</b>	
sand & gravel		32		38		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>31</b> ft. below land surface Date <b>1-5-77</b>	
yellow clay		38		45		12. Pumping level below land surfaces: <b>N/C</b> <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		45		58		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
						15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
						16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Berkeley Pump</b> Model number <b>4BL-15</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>47</b> ft. capacity <b>15</b> g.p.m. 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	
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. <b>185</b> <b>Clarke Well &amp; Equipment, Inc</b> Business name License No. <input type="checkbox"/> Address <b>Great Bend, KS 67530</b> Signed <b>[Signature]</b> Date <b>1-24-77</b> Authorized representative	

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

Form WWC-5