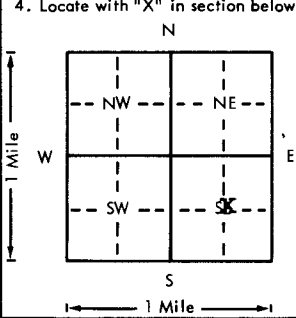


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: <b>Edwards</b>		Fraction <b>1/4 c 1/4 se 1/4</b>	Section number <b>31</b>	Township number <b>25</b>	Range number <b>17</b>
2. Distance and direction from nearest town or city: <b>2-N 28-E of Centerville, KS,</b> Street address of well location if in city:			3. Owner of well: <b>Bruce Mathes</b> R.R. or street: <b>Trousdale, Ks. 67145</b> City, state, zip code:		
4. Locate with "X" in section below: 			6. Bore hole dia. <b>29</b> in. Completion date <b>10-22-75</b> Well depth <b>129</b> ft.		
5. Type and color of material			7. <input checked="" 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 <b>steel</b> Height: Above 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 <input type="checkbox"/> lbs./ft. Dia. <b>16</b> in. to <b>129</b> 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 <b>steel</b> Dia. <b>16</b> Slot/gage <b>3/16</b> Length <b>40</b> Set between <b>3/89</b> ft. and <b>129</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4-3/8-1/2</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>16</b> ft. below land surface Date <b>10-8-75</b>		
			12. Pumping level below land surfaces: <b>29</b> ft. after <b>1</b> hrs. pumping <b>800</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>1400</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>10-8-75</b>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
			15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neot 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. <b>300</b> Direction <b>NE</b> Type <b>gas well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>W.L.R.</b> Model number <b>4-12chop 60</b> Volts <input type="checkbox"/> Length of drop pipe <b>70</b> ft. capacity <b>800</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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: <b>2145</b>	19. Remarks: <b>33060</b>  <b>25 17 NDX</b>		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>Rosencrantz-Bemis 1341</b> Business name <b>Great Bend, Ks. 67539</b> License No. <b>42424</b> Address <b>S. Kilgore</b> Date <b>6-19-79</b> Signed <b>S. Kilgore</b> Authorized representative		

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

Form WWC-5