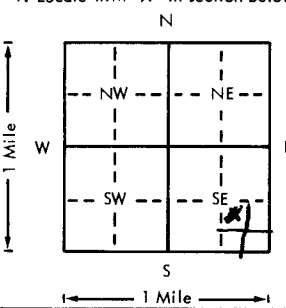


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

Big 15
WATER WELL RECORD
KSA 820-1201-1215

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

1. Location of well: County <u>Edwards</u>		Fraction <u>NW SE SE</u> 1/4 1/4 1/4	Section number <u>17</u>	Township number T <u>25 S</u> S R <u>18 W</u> E/W	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3 1/2 mi S of Lewis</u>			3. Owner of well: <u>B & N Drilling Co</u> R.R. or street: <u>Independence</u> <u>Ks</u> City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>4</u> in. Completion date <u>11-9-78</u> Well depth <u>75</u> ft.		
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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
			9. Casing: Material <u>Plastic</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>282.3</u> lbs./ft. Dia. <u>5</u> in. to <u>25</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>		
			10. Screen: Manufacturer's name <u>Self-made</u> Type <u>10 x 10</u> Dia. <u>5</u> Slot/gauge <u>1/8</u> Length <u>20</u> Set between <u>5.5</u> ft. and <u>75</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8 - 1/4</u>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <u>31</u> ft. below land surface Date <u>11-9-78</u>		
			12. Pumping level below land surfaces: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
			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 <input type="checkbox"/> Inches above grade		
			15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
			16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
			(Use a second sheet if needed)		
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. <u>Myers Water Well</u> Business name <u>St Bend Ks</u> License No. <u>146</u> Address <u>St Bend Ks</u> Signed <u>A Myers</u> Date <u>11-9-78</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 25 R 18 W Sec 17 NW SE SE 1/4 1/4 1/4

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

Form WWC-5