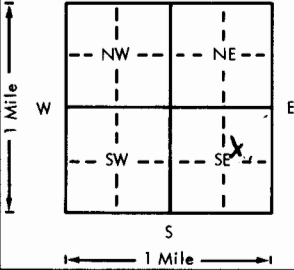


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: County <u>Topeka</u>		Fraction <u>SW 1/4 NE 1/4 SE 1/4</u>		Section number <u>1</u>		Township number <u>T 26</u>		Range number <u>S R 15 E/W</u>			
2. Distance and direction from nearest town or city: <u>2 West Bywater, South North</u>				3. Owner of well: <u>Staling Shelling Co.</u> R.R. or street: City, state, zip code: <u>Staling, Kansas</u>							
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. <u>5</u> in. Completion date <u>10-21-76</u> Well depth <u>75</u> ft.					
5. Type and color of material				From		To		7. 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>Steel</u> Weight: Above or below Threaded <u>5/8</u> Surface <u>1 1/2</u> in. RMP <u>5</u> PVC <u>5</u> Weight <u>2873</u> lbs./ft. Dia. <u>5</u> in. to <u>75</u> ft. depth Wall Thickness: inches <u>1/8</u> Dia. <u>5</u> in. to <u>75</u> ft. depth gage No. <u>200</u>			
								10. Screen: Manufacturer's name <u>Shelby</u> Type <u>Sand</u> Dia. <u>5</u> Slot/gauge <u>1/4</u> Length <u>20</u> Set between <u>55</u> ft. and <u>75</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 to 1/2</u>			
								11. Static water level: <u>12</u> ft. below land surface Date <u>10-21-76</u> mo./day/yr.			
								12. Pumping level below land surfaces: <u>21</u> ft. after <u>30</u> hrs. pumping <u>60</u> g.p.m. <u>55</u> ft. after <u>75</u> hrs. pumping <u>100</u> g.p.m. Estimated maximum yield <u>100</u> g.p.m.			
								13. Water sample submitted: <u>X</u> Yes <input checked="" type="checkbox"/> No Date _____ mo./day/yr.			
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade			
								15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.			
								16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
								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. Business name <u>Shelby Well Service</u> license No. _____ Address <u>West Bywater 143</u> Signed <u>[Signature]</u> Date <u>10-21-76</u> Authorized representative			
18. Elevation:		19. Remarks: <u>They will cement of well when they are through with it</u>		20. Water well contractor's certification: (continued from previous page)							
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley											

T 26 R 15 E S 1 W NESE  
1/4 1/4 1/4

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

Form WWC-5