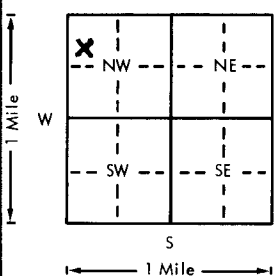


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Edwards Fraction NW 1/4 NW 1/4 NW 1/4 Section number 4 Township number T 26 S R 17 Range number EW	
2. Distance and direction from nearest town or city: 1/4 NW Fellsburg Kans Street address of well location if in city: _____	
3. Owner of well: GEORGE SMITH R.R. or street: Lewis Kansas City, state, zip code: _____	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
Top Soil	0 3
Black Clay-Hard Pan	3 16
GRAVEL - Fine To 1/2	16 60
6. Bore hole dia. 3 3/4 in. Completion date 1-21-77 Well depth 60 ft.	
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 checked="" type="checkbox"/> CARTRON (field water) <input type="checkbox"/> Other	
9. Casing: Material PL Height Above or below Threaded <input type="checkbox"/> Welded GT Surface 16 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 7/8 in. to 40 ft. depth; Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth; gage No. 200	
10. Screen: Manufacturer's name SunFlower Type RMP Dia. 5" <input checked="" type="checkbox"/> Slot gauze <input type="checkbox"/> Length 20' Set between 40 ft. and 60 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Grovel pack? NO Size range of material _____	
11. Static water level: _____ mo./day/yr. 17 ft. below land surface Date _____	
12. Pumping level below land surfaces: 17 ft. after 0 hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
14. Well head completion: 16 Inches above grade <input type="checkbox"/> Pitless adapter	
15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
16. Nearest source of possible contamination: _____ ft. 200 Direction E Type CORRAL Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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	
(Use a second sheet if needed)	
18. Elevation: _____	19. Remarks: _____
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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. Carl Kayse Water Well 224 Business firm _____ License No. _____ Address Fellsburg Kans. Signed Carl Kayse Date _____ Authorized representative

T 26 S R 17 E Sec 4 NW 1/4 NW 1/4 NW 1/4

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

Form WWC-5