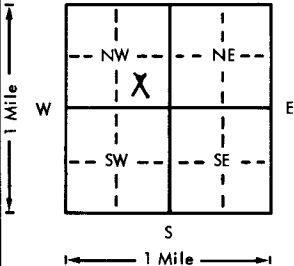


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Edwards</u>	Fraction <u>C 1/4 SE 1/4 NW 1/4</u>	Section number <u>11</u>	Township number <u>T 26 S</u>	Range number <u>R 19 E/W</u>
2. Distance and direction from nearest town or city: <u>9 South, 1 East of Hinsley, Mo</u> Street address of well location if in city:				3. Owner of well: <u>B & V Drilling</u> R.R. or street: <u>Box 846</u> City, state, zip code: <u>Independence, Mo 67301</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>9 7/8</u> in. Completion date <u>1-3-78</u> Well depth <u>100</u> ft.		
				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		
5. Type and color of material				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>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>1237</u>		
				10. Screen: Manufacturer's name <u>Clinton Steel</u> Type <u>pvc</u> Dia. <u>4</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>80</u> ft. and <u>100</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>20-70</u> mesh		
				11. Static water level: <u>3.5</u> ft. below land surface Date <u>1-3-78</u>		
				12. Pumping level below land surfaces: <u>114</u> ____ ft. after ____ 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: <input type="checkbox"/> Pitless adapter ____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From ____ ft. to ____ ft.		
				16. Nearest source of possible contamination: <u>1/4 mile West farm house</u> ft. ____ Direction <u>West</u> Type <u>farm house</u> 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:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		<u>well drilled pulled & plugged with gravel pack & well cuttings</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Rosencrantz-Bemis</u> 134 Business name License No. Address <u>Great Bend, Kansas 67530</u> Signed <u>Samuel J. Rose</u> Date <u>1-18-78</u> Authorized representative		

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

Form WWC-5