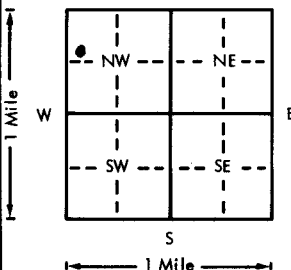


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 FORD	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 11	Township number T 27 S R 24 E	Range number 24 E
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: PETE ALLEN R.R. or street: BUCKLIN, KS City, state, zip code:			
4. Locate with "X" in section below: Sketch map: 			in Willards Garden			6. Bore hole dia. 4 3/4 in. Completion date 8-5-77 Well depth 150 ft.
5. Type and color of material			From	To	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 checked="" type="checkbox"/> Reverse rotary	
Top Soil & Clay			0	25	8. Use: <input checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Sand & Clay			25	40	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight SCH 40 lbs./ft. Dia. 4 1/2 in. to 150 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 40	
Gravel			40	150	10. Screen: Manufacturer's name HOMEMADE Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze SAW BLADE Dia. 20 Length <input type="checkbox"/> Set between 130 ft. and 150 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 20 GRAVEL	
					11. Static water level: <input type="checkbox"/> mo./day/yr. 30 ft. below land surface Date 8-5-77	
					12. Pumping level below land surfaces: 40 ft. after 1 hrs. pumping 18 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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: none 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 type="checkbox"/> Not installed Manufacturer's name Goed Model number <input type="checkbox"/> HP 1/2 Vol 230 Length of drop pipe 100 ft. capacity 78 g.p.m. Type <input checked="" type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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. Brian Doolittle 27 Business name Bucklin License No. <input type="checkbox"/> Address Bucklin Signed Albert W. Brown Date 1-11-78 Authorized representative
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						T 27 S R 24 E Sec 11 NW 1/4 SW 1/4

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

Form WWC-5