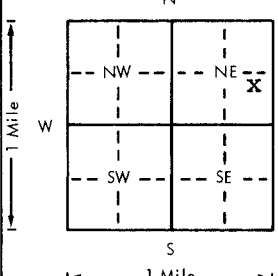


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>Gray</b>	Fraction <b>NE 1/4 SE 1/4 NE 1/4</b>	Section number <b>30</b>	Township number <b>T 29 S R 27 E 1/4</b>	Range number <b>27</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Melvin Bell</b> R.R. or street: City, state, zip code: <b>Fowler, Kansas 67844</b>			
4. Locate with "X" in section below: 			Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date <b>4-13-77</b> Well depth <b>183</b> 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 type="checkbox"/> Reverse rotary	
			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			
			9. Casing: Material <b>PVC</b> Height: Above or <b>below</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>183</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>265</b>			
			10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/groove <b>1/8"</b> Length <b>50 ft</b> Set between <b>93</b> ft. and <b>183</b> ft. ft. and ft. Gravel pack? <b>Yes</b> Size range of material			
			11. Static water level: <b>98</b> ft. below land surface Date <b>4/12/77</b> mo./day/yr.			
Top soil			0	8	12. Pumping level below land surfaces: ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.	
Tan clay with streaks of limestone			8	60	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date	
Sandy clay			60	83	14. Well head completion: <input checked="" type="checkbox"/> Pitless <input type="checkbox"/> Unit <input type="checkbox"/> Inches above grade	
Fine sand & med. to lar. sand with clay streaks			83	185	15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>14</b> ft.	
Yellow & blue clay			185	188	16. Nearest source of possible contamination: ft. <b>50</b> Direction <b>SW</b> Type <b>old well</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Black shale			188	190	17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>1</b> Volts <b>220</b> Length of drop pipe <b>140</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>Friesen Windmill</b> 252 Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date <b>5-4-77</b> Authorized representative		

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

Form WWC-5