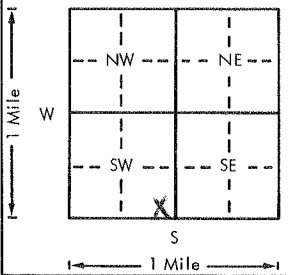


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Harper</u>	Fraction <u>SE</u> <u>SE</u> <u>SW</u> 1/4 1/4 1/4	Section number <u>1</u>	Township number <u>32</u> T S R	Range number <u>9</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3N 1 1/2 W</u> <u>Attica</u>			3. Owner of well: <u>Alvin Prouse</u> R.R. or street: <u>Rt 1</u> City, state, zip code: <u>Attica, K.</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>8</u> in. Completion date <u>11-16-77</u> Well depth <u>30</u> ft.		
5. Type and color of material			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		
			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 _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>1 1/2</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>258</u>		
			10. Screen: Manufacturer's name _____ <u>Peoples</u> Type _____ pvc Dia. <u>5</u> Slot/gauze <u>0.38</u> Length <u>5</u> Set between <u>12</u> ft. and <u>17</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>2 dia</u>		
			11. Static water level: _____ mo./day/yr. <u>4</u> ft. below land surface Date <u>11-16-77</u>		
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>6</u> g.p.m.					
13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____					
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>15</u> Inches above grade					
15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.					
16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
17. Pump: _____ Not installed Manufacturer's name <u>Sears</u> Model number _____ HP <u>1/2</u> Volts <u>115</u> Length of drop pipe <u>30</u> ft. capacity <u>10</u> 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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:  <u>customer to pour slab</u>		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. <u>Iman Bros</u> <u>140</u> Business name License No. Address <u>ML</u> Signature <u>[Signature]</u> Date <u>11-16-77</u> Authorized representative		

32-901-SESESW

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

Form WWC-5