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

WATER WELL RECORD
KSA 82a-1201-1215

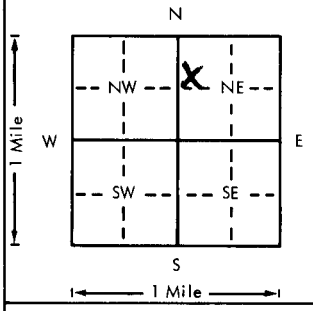
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Republic	SW 1/4 NW 1/4 NE 1/4	6	T 3 S	R 2 E/W 0

2. Distance and direction from nearest town or city: 2½ E - ¾ N
Street address of well location if in city: of Belleville

3. Owner of well: Phil Snapp
R.R. ~~or street~~: #2
City, state, zip code: Belleville, Kansas

4. Locate with "X" in section below:



Sketch map:

6. Bore hole dia. 8 in. Completion date ____
Well depth 138 ft. 4-19-79

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning X Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: Above ~~or below~~
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC X Weight 3 lbs./ft.
Dia. 5 in. to ____ ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth ~~gage No.~~ .058

5. Type and color of material	From	To
top soil + clay	0	15
clay + layers of limestone	15	30
Clay	30	40
blue clay	40	90
layer of rock	90	90
blue clay	90	120
sand rock	120	135
shale	135	138
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Pumper Supply
Type PVC Dia. 5
Slot/gauze 1/16" Length 10
Set between 128 ft. and 138 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
59 ft. below land surface Date 4-19-79

12. Pumping level below land surfaces:
135 ft. after 2 hrs. pumping 10 g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 10 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: X Neat cement ____ Bentonite ____ Concrete
Depth: From 6 ft. to 10 ft.

16. Nearest source of possible contamination: hog
ft. 100' Direction E Type pen
Well disinfected upon completion? X Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation: 1520 ft
Topography:
X Hill
__ Slope
__ Upland
__ 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.
Cox-Besurick 361
Business name License No.
Address Clifton, Kansas 66937
Signed Francis Cox Date 4-24-79
Authorized representative

T 3 R 2 W Sec 6 SW NE 1/4 1/4 1/4

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

Form WWC-5