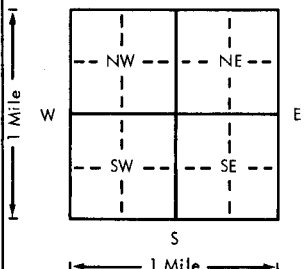


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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>Republic</u>	Fraction <u>1/4</u> <u>1/4</u> <u>SE</u> <u>1/4</u>	Section number <u>6</u>	Township number T <u>3</u> <u>S</u> R <u>4</u> <u>EW</u>	Range number
2. Distance and direction from nearest town or city: <u>West of Scandia</u> Street address of well location if in city:	3 miles NORTH		3. Owner of well: <u>Guy E & N.J. Ward Farms</u> R.R. or street: <u>CO RALPH KUCKER</u> City, state, zip code: <u>2301 Sunset Dr. Belleville KS 66935</u>		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <u>30</u> in. Completion date _____ Well depth <u>51</u> ft.
<u>0-8 dirty sand</u>					7. <input type="checkbox"/> Cable tool <input 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
<u>8-50 s&g med to coarse w/flat</u>					8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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
<u>SLABBY Rocks</u>					9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>24 ADWC</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>16.75</u> lbs./ft. Dia. <u>16</u> in. to <u>51</u> ft. depth Wall thickness inches or Dia. _____ in. to _____ ft. depth gage <u>16.3</u> inch
<u>50-51 shale.</u>					10. Screen: Manufacturer's name _____ <u>Certaineed</u> Type <u>Sewed 510T</u> Dia. <u>16"</u> Slot/gauze <u>.085</u> Length <u>20'</u> Set between <u>51</u> ft. and <u>31</u> ft. _____ ft. and _____ ft. Gravel pack? <u>YES</u> Size range of material _____
					11. Static water level: _____ mo./day/yr. <u>3</u> ft. below land surface Date <u>5/5/89</u>
					12. Pumping level below land surfaces: <u>10</u> ft. after <u>1</u> hrs. pumping <u>500</u> g.p.m. <u>19</u> ft. after <u>1</u> hrs. pumping <u>1500</u> g.p.m. Estimated maximum yield <u>2000</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 type="checkbox"/> Pitless adapter <u>24</u> inches above grade
					15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: ft. <u>1300</u> Direction <u>south</u> Type <u>River</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					17. Pump: _____ Not installed Manufacturer's name <u>Gould</u> Model number <u>3-SP 12A</u> HP <u>63</u> Volts _____ Length of drop pipe <u>40</u> ft. capacity <u>800</u> g.p.m. Type: <input 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: <u>1433</u> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			19. Remarks: <u>Redrill of existing well</u> <u>Casing put out in old well</u> <u>Well Filled + Closed By Farmer</u> <u>Bowl is Simmons Adapted to Gould pump</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>Shuck Drilling Co</u> <u>272</u> Business name _____ License No. _____ Address <u>RE 1 Box 20 Edgar NE</u> Signed <u>Jerry L. Shuck</u> Date <u>7-14-89</u> Authorized representative		