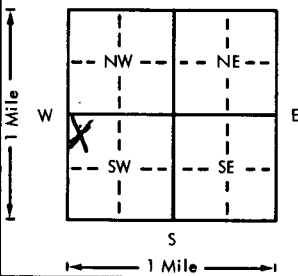


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <i>Republic</i>	Fraction <i>NW 1/4 NW 1/4 SW 1/4</i>	Section number <i>22</i>	Township number T <i>4</i> S	Range number R <i>4</i> E <i>(N)</i>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<i>1/2 E 1/2 S of Norway</i>		3. Owner of well: R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <i>3 3/4</i> in. Completion date <i>7-12-77</i> Well depth <i>55</i> ft.		
5. Type and color of material			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		
			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		
			9. Casing: Material <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft. Dia. <i>4 1/2</i> in. to <i>55</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <i>3/4"</i>		
			10. Screen: Manufacturer's name <i>Johnson</i> Type <i>Asbestos cement</i> <i>16</i> Slot/gauge <i>1/8"</i> Length <i>26'</i> Set between <i>29</i> ft. and <i>55</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>YES</i> Size range of material <i>1/2-1/4"</i>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <i>20</i> ft. below land surface Date <i>7-12-77</i>		
			12. Pumping level below land surfaces: <i>36</i> ft. after <i>1/2</i> hrs. pumping <i>1250</i> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>2000</i> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
			15. Well grouted? <i>YES</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>12</i> ft.		
			16. Nearest source of possible contamination: <i>NONE</i> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>WLR</i> Model number <i>6M</i> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <i>50</i> ft. capacity <i>250</i> 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		
			(Use a second sheet if needed)		
18. Elevation: <i>1400'</i> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" 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. <i>GEO COX + SONS, INC 257A</i> Business name License No. <i>74</i> Address <i>CLIFTON, KANSAS 66937</i> Signed <i>Jannie Cox</i> Date <i>9-22-77</i> Authorized representative		

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

Form WWC-5

T-4
R-4
E-0
S-22
NW 1/4 NW 1/4 SW 1/4