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

WATER WELL RECORD
KSA 82a-1201-1215

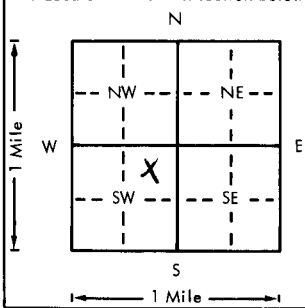
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	SMITH	NE 1/4 NE 1/4 SW 1/4	32	T 5 S	R 12 E/W

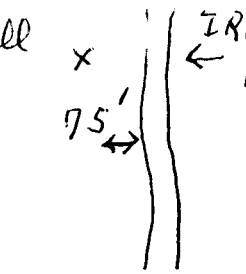
2. Distance and direction from nearest town or city: 1 mi W 1/4 N OF PORTIS KAN.
Street address of well location if in city:

3. Owner of well: LOWELL WOLTERS
R.R. or street: RR 1
City, state, zip code: PORTIS KAN. 67474

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 34 in. Completion date 7-15-78
Well depth 62 ft.

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

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

9. Casing: Material CA Height: Above or below
Threaded DAN Welded ____ Surface 14 in.
RMP ____ PVC ____ Weight ____ lbs./ft.
Dia. 16 in. to 49 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1"

5. Type and color of material	From	To
TOPSOIL	1	3
CLAY	3	40
FINE RED SAND	40	52
REDSAND	52	62
(Use a second sheet if needed)		

10. Screen: Manufacturer's name JOHNSONS
Type CASB Dia. 16
Slot/gauze 18" Length 13'
Set between 49 ft. and 62 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/4"

11. Static water level: mo./day/yr.
41 ft. below land surface Date 7-10-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield 700 g.p.m.

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

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

15. Well grouted? YES
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 11 ft.

16. Nearest source of possible contamination:
ft. 75 Direction E Type DITCH
Well disinfected upon completion? ____ Yes X No

17. Pump: Not installed
Manufacturer's name Western Land Roller
Model number ____ HP ____ Volts ____
Length of drop pipe 61 ft. capacity 900 g.p.m.
Type:
__ Submersible X Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X 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.
D+D Service 108
Business name License No.
Address Downs Kan.
Signed Wendell DeBey Date 7-20-78
Authorized representative

T 5 R 12 E/W Sec 32 1/4 NENE 1/4 1/4

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

Form WWC-5