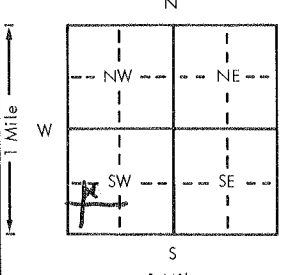


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County <u>Schick</u>	Fraction <u>NE 1/4 SE 1/4 SW 1/4</u>	Section number <u>14</u>	Township number <u>T 7 S R 29 E 10</u>	Range number
<input checked="" type="checkbox"/> Distance and direction from nearest town or city:	Street address of well location if in city: <u>4W 6M 3/4 W of Hotel</u>		3. Owner of well: <u>Ferber Estate</u> R.R. or street: <u>Hopie Ks</u> City, state, zip code:		
4. Locate with "X" in section below: 			Sketch map: <u>Windmill</u>		
5. Type and color of material			From	To	6. Bore hole dia. <u>9</u> in. Completion date <u>5-24-80</u> Well depth <u>243</u> ft.
<u>Topsoil</u>			<u>0</u>	<u>17</u>	7. <input checked="" 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
<u>S clay</u>			<u>17</u>	<u>62</u>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
<u>gravel</u>			<u>62</u>	<u>97</u>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>6</u> in. to _____ ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>243</u> ft. depth gage No. <u>2007K</u>
<u>sandy clay</u>			<u>97</u>	<u>129</u>	10. Screen: Manufacturer's name <u>Gen Lowell</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauze <u>18</u> Length <u>9</u> Set between <u>23.5</u> ft. and <u>24.3</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-1/4</u>
<u>F sand</u>			<u>129</u>	<u>180</u>	11. Static water level: _____ mo./day/yr. <u>170</u> ft. below land surface Date <u>5-24-80</u>
<u>gravel</u>			<u>180</u>	<u>185</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>Not tested</u> g.p.m.
<u>Sandstone</u>			<u>185</u>	<u>209</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
<u>M. gravel</u>			<u>209</u>	<u>216</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
<u>F. sand S clay</u>			<u>216</u>	<u>223</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>M. gravel</u>			<u>223</u>	<u>241</u>	16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>W</u> Type <u>Draw</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Chie</u>			<u>241</u>	<u>243</u>	17. Pump: _____ Not installed Manufacturer's name <u>Windmill</u> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:	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. <u>B+B Drilling</u> <u>376</u> Business name License No. Address <u>Mineral, Ks</u> Signed <u>Joseph Beckner</u> Date <u>6-16-80</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5