BOGUE

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

AAA

WATER WELL RECORD
KSA 82a-1201-1215

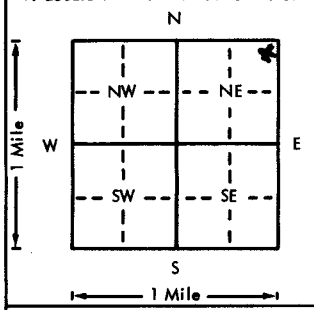
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	GRAHAM	NE 1/4 NE 1/4 NE 1/4	21	T 8 S	R 21 E (W)

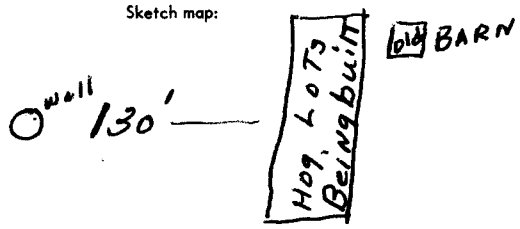
2. Distance and direction from nearest town or city: 1 South of Bogue + 1½ miles East.
Street address of well location if in city:

3. Owner of well: Cecil Fabricius
R.R. or street:
City, state, zip code: Bogue, Ks. 67625

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 9 in. Completion date
Well depth 37 ft. 5/31/77

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

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

9. Casing: Material PlST Height: (Above) or below
Threaded ___ Welded gld Surface 2' in.
RMP X PVC ___ Weight ___ lbs./ft.
Dia. 5 in. to 37 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. .250

5. Type and color of material	From	To
Sand	0	17
Sand + Broken Rock	17	36
White Rock.	36	37
BROOK ? 37' est		
25 yr		
12' set thick		
Not in Cg		
no Bedrock		

(Use a second sheet if needed)

10. Screen: Manufacturer's name Jess & Lowell
Type plastic Dia. 5"
Slot/gauze 1/16 Length 39'
Set between 0 ft. and 37 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/4 - 5/8

11. Static water level: mo./day/yr.
25 ft. below land surface Date 5-31-77

12. Pumping level below land surfaces: NOT Pumped
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

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

14. Well head completion: NOT done
___ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 5 ft. to 15 ft. MNC

16. Nearest source of possible contamination:
ft. 130' Direction EAST Type Hog LOTS.
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:
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:
Concrete slab to be installed by customer at ground surface.
2070 (TOPO)

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. & L. Drilling Co 303
Business name License No.
Address Box 368 Hill City, Ks. 67642
Signed [signature] Date 6-3-77
Authorized representative

T 8 R 21 E Sec 21 NE NE NE 1/4 1/4 1/4

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

Form WWC-5

MI-1023