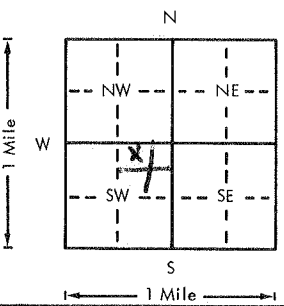


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Sheridan</u>	Fraction <u>NW 1/4 NE 1/4 SW 1/4</u>	Section number <u>27</u>	Township number T <u>8</u> S R <u>29</u> E <u>10</u>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>2 1/2 E 1/2 S of Sevin</u>			3. Owner of well: <u>Mrs Dale Schlicker</u> R.R. or street: City, state, zip code: <u>Hoxie Ks.</u>			
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>12-30</u> Well depth <u>164</u> ft.		7. <input 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	
5. Type and color of material			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		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>300xi</u> lbs./ft. Dia. <u>0</u> in. to <u>164</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>	
			10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>8"</u> Set between <u>158</u> ft. and <u>164</u> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>28-36</u>		11. Static water level: _____ mo./day/yr. <u>90</u> ft. below land surface Date <u>12-30</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>20</u> g.p.m.		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		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.	
			16. Nearest source of possible contamination: ft. <u>1000</u> Direction <u>SW</u> Type <u>Draw</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. Pump: _____ Not installed Manufacturer's name <u>Wendmill</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 checked="" type="checkbox"/> Other	
18. Elevation:			19. Remarks: <u>Oct 162-164</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>B+B Driller</u> <u>376</u> Business name _____ License No. _____ Address <u>Sheridan Ks</u> Signed <u>Joseph Beckman</u> Date <u>1-12</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5