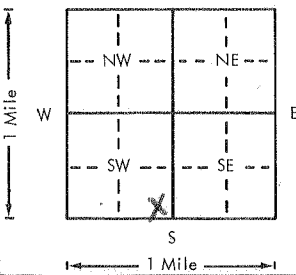


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Sheridan	Fraction SE 1/4 SE 1/4 SW 1/4	Section number 1	Township number T 8 S R 30 E/W	Range number 30
2. Distance and direction from nearest town or city: 10 Miles West of Hoxie, Ks. Street address of well location if in city:			3. Owner of well: Bob Feldt R.R. or street: City, state, zip code: Menlo, Ks. 67746		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 9 in. Completion date 9-3-80 Well depth 269 ft.		
5. Type and color of material			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		
8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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 Styrene Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 1.75 lbs./ft. Dia. 5 in. to 269 ft. depth Wall Thickness, inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 214		
10. Screen: Manufacturer's name			11. Static water level: 158 ft. below land surface Date 9-3-80 mo./day/yr.		
11. Screen: Manufacturer's name			12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.		
12. Screen: Manufacturer's name			13. Water sample submitted: mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date		
13. Screen: Manufacturer's name			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter ____ Inches above grade		
14. Screen: Manufacturer's name			15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 15 ft.		
15. Screen: Manufacturer's name			16. Nearest source of possible contamination: ft. 200 Direction west Type Sewer Line Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16. Screen: Manufacturer's name			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name 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		
17. Screen: Manufacturer's name			18. Elevation:		
18. Screen: Manufacturer's name			19. Remarks:		
19. Screen: Manufacturer's name			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. F & W Drilling 394A Business name Address Rt 1 Hoxie, Ks. 67740 Signed Walt W... Date Authorized representative		

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

Form WWC-5