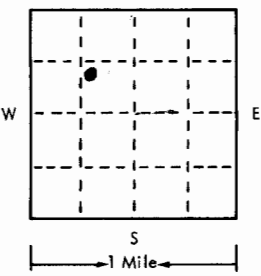


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

9 23 NW SE NW 7  
T R EW sec 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Graham</u>	Township name <u>NW 1/4 SE 1/4 NW 1/4</u>	Fraction <u>7</u>	Section number <u>9</u>	Town number <u>23</u>	Range number <u>7</u>	
Distance and direction from nearest town or city: <u>3 1/2 South</u> <u>2 1/2 East</u> <u>1/2 South Penokee</u>		3 Owner of well: <u>Roger Davignon</u> Address: <u>Penokee, Ks.</u>					
Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		4 Well depth: <u>26</u> ft. Date of completion <u>8-7</u> Well diameter <u>5</u> in.			
2 Type and color of material		From		To		5 <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	
						6 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"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>	
						7 Casing: Material <u>Sty</u> Height: above/below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
						8 Screen: Manufacturer <u>Cer mac</u> Type <u>Styrene</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>20'</u> Set between <u>16</u> ft. and <u>26</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>30</u>	
						9 Static water level: <u>15</u> ft. below land surface Date <u>8-7-82</u>	
				10 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.			
				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>5</u> ft. to <u>15</u> ft.			
				14 Nearest source of possible contamination: ft. <u>60</u> Direction <u>N</u> Type <u>Creek</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 Pump: <input 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			
16 Remarks: elevation		17 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>Buck's Well Drilling</u> <u>290</u> Business name _____ License No. _____ Address <u>Marland, Ks.</u> Signed <u>[Signature]</u> Date <u>8/1/82</u> Authorized representative					

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5