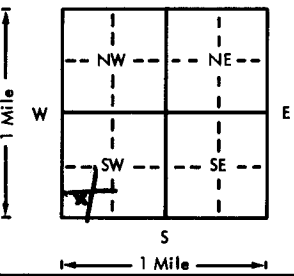
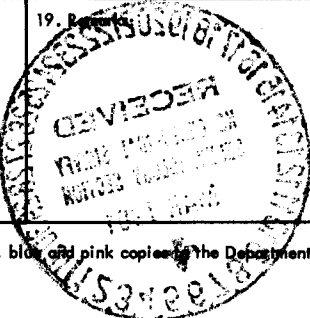


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

copy

1. Location of well:		County <i>Sheridan</i>	Fraction <i>SW 1/4 SW 1/4 SW 1/4</i>	Section number <i>9</i>	Township number <i>T 9 S</i>	Range number <i>R 30 E</i>
2. Distance and direction from nearest town or city: Street address of well location if in city: <i>6 1/2 N. of Angeles</i>				3. Owner of well: <i>Arnold H. Albew</i> R.R. or street: City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <i>9</i> in. Completion date <i>11-23</i> Well depth <i>192</i> ft.		
5. Type and color of material				From	To	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
<i>Top soil</i>				<i>0</i>	<i>31</i>	8. Use: <input type="checkbox"/> Domestic <input checked="" 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
<i>Sandy Clay</i>				<i>31</i>	<i>70</i>	9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <i>12</i> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <i>200 psi</i> lbs./ft. Dia. <i>0</i> in. to <i>5.2</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>250 Th</i>
<i>M. Gravel</i>				<i>70</i>	<i>79</i>	10. Screen: Manufacturer's name <i>Joe Lowell</i> Type <i>PVC</i> Dia. <i>5</i> Slot/gauze <i>1/16</i> Length <i>8'</i> Set between <i>184</i> ft. and <i>192</i> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>12-24</i>
<i>Sandy Clay</i>				<i>79</i>	<i>82</i>	11. Static water level: _____ mo./day/yr. <i>110</i> ft. below land surface Date <i>11-23</i>
<i>M. Gravel</i>				<i>82</i>	<i>97</i>	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>30</i> g.p.m.
<i>Sand Stone hard</i>				<i>97</i>	<i>113</i>	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____
<i>Fine sand Sandy Clay</i>				<i>113</i>	<i>120</i>	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>12</i> inches above grade
<i>Sandy Clay</i>				<i>120</i>	<i>148</i>	15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From <i>4</i> ft. to <i>14</i> ft.
<i>Fine Sand</i>				<i>148</i>	<i>152</i>	16. Nearest source of possible contamination: ft. <i>360</i> Direction <i>70</i> Type <i>Buryard</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No
<i>Gravel</i>				<i>152</i>	<i>185</i>	17. Pump: _____ Not installed Manufacturer's name <i>stuebs</i> Model number <i>13EM</i> HP <i>1</i> Volts <i>230</i> Length of drop pipe <i>140</i> ft. capacity <i>25</i> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
<i>Sandy Clay</i>				<i>185</i>	<i>191</i>	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. <i>B+B Drilling</i> <i>376</i> Business name _____ License No. _____ Address <i>Summit St</i> Signed <i>Joseph Beckman</i> Date <i>1-13-98</i> Authorized representative
<i>Other</i>				<i>191</i>	<i>192</i>	
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input 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.

T 9 S R 30 E  
Sec 9  
1/4 1/4 1/4