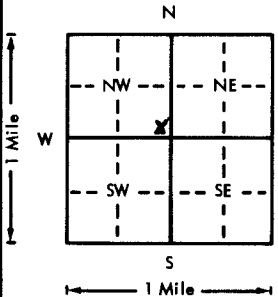
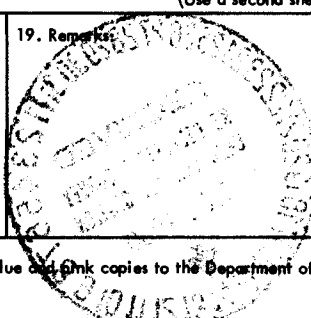


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

Location of well:	County <u>Shelby</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>22</u>	Township number <u>T 9 S</u>	Range number <u>R 30 E</u>
2. Distance and direction from nearest town or city: <u>5-S 3-E from</u> Street address of well location if in city: <u>Menlo, Ks.</u>			3. Owner of well: <u>Dennis Lindeman</u> R.R. or street: City, state, zip code: <u>Menlo Ks. 67746</u>		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>12 3/4</u> in. Completion date <u>11-4-75</u> Well depth <u>121</u> ft.		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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		
From To			9. Casing: Material <u>Steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>12 3/4</u> in. to <u>21</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>188</u>		
			10. Screen: Manufacturer's name _____ <u>W. H. Brown</u> Type <u>LUWER</u> Dia. <u>12 3/4</u> Slot/gauze <u>9/16</u> Length <u>40</u> Set between <u>81</u> ft. and <u>121</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 X 3/8</u>		
Top Soil			11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>11/4/75</u>		
Fine Sand M. Gravel loose colored			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>850</u> g.p.m.		
Sandy clay			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
Sandy clay			14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
M. Gravel loose colored			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
Sandy clay			16. Nearest source of possible contamination: ft. _____ Direction _____ Type <u>WATER</u> Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
M. Gravel loose colored			17. Pump: _____ Not installed Manufacturer's name <u>HYDRO</u> Model number <u>12 CL</u> HP <u>100</u> Volts _____ Length of drop pipe <u>110</u> ft. capacity <u>850</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Ocher shale			18. Elevation: _____		
(Use a second sheet if needed)			19. Remarks: 		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			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>Blue Jay Duller</u> <u>214</u> Business name _____ License No. _____ Address <u>Box 503 Coker, Ks.</u> Signed <u>Menlo, Ks.</u> Date <u>11-4-75</u> Authorized representative		

T-9-30E-22-SE-22-1/4-1/4-1/4

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

Form WWC-5