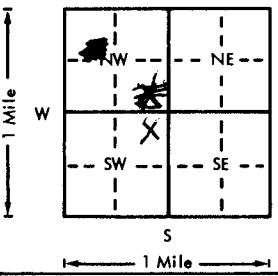


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

<input checked="" type="checkbox"/> Location of well:	County Dickinson	Fraction SE 1/4 NE 1/4 SW 1/4	Section number 30	Township number 12-S	Range number 4 EW
Distance and direction from nearest town or city: Sheet address of well location if in city: 1/2 mi - NW - Chapman Kan.			3. Owner of well: Katharine Shandy R.R. or street: City, state, zip code: Chapman Kans 67431		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. 8 in. Completion date Well depth 176 ft. 6-25-76	
5. Type and color of material		From	To	7. <input checked="" 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 type="checkbox"/> Reverse rotary	
Clay Gray Sandy		0	3	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	
" Brown "		3	47	9. Casing: Material PVC Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 120 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 280	
" " "		47	50	10. Screen: Manufacturer's name slat by driller Type PVC Dia. 5 Slot/gauze 1/16 Length 40' Set between 130 ft. and 110 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/8 - 1/2	
" Blue		50	55	11. Static water level: _____ mo./day/yr. 130 ft. below land surface Date 6-25-76	
Lime Rock White		55	65	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.	
Clay "		65	70	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
Lime Rock "		70	80	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade	
Clay "		80	85	<input checked="" type="checkbox"/> 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.	
" Yellow		85	105	16. Nearest source of possible contamination: ft. 100 Direction ANY Type pasture Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lime Rock White		105	110	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	
Clay Brown		110	125	18. Elevation:	
Lime Rock Yellow		125	140	19. Remarks: Cement slab to be poured by customer	
Shale Blue		140	145	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. Harper Drilg. Serv. 176 Business name Blue Rapids KS. License No. _____ Address _____ Signed C. E. Harper Date 6-25-76 Authorized representative	
Sand Stone - yellow & Porus		145	160	Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
Shale Blue		160	170		

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1/4

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

Form WWC-5