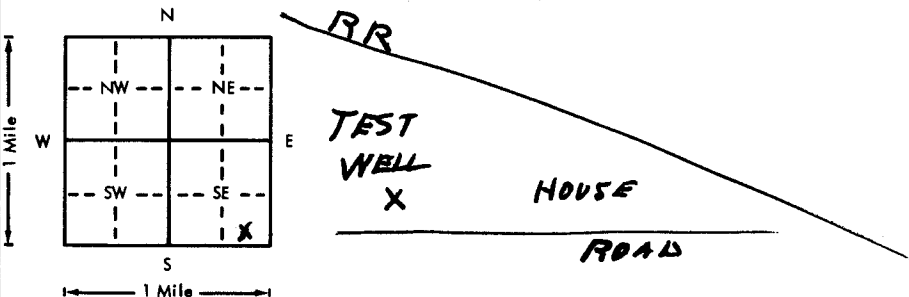


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

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

TEST WELL

1. Location of well:		County <b>MORRIS</b>	Fraction <b>SE 1/4 1/4 1/4</b>	Section number <b>34</b>	Township number <b>T 16 S</b>	Range number <b>R 9 E</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:				3. Owner of well: <b>KENNETH HIEBERT</b> R.R. or street: <b>R3</b> City, state, zip code: <b>COUNCIL GROVE KS 66846</b>		
4. Locate with "X" in section below: 				6. Bore hole dia. <b>9</b> in. Completion date <b>10-2-1977</b> Well depth _____ ft.		
5. Type and color of material				7. <input checked="" type="checkbox"/> Cable tool _____ Rotary _____ Driven _____ Dug _____ _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary		
				8. Use: _____ Domestic _____ Public supply _____ Industry _____ _____ Irrigation _____ Air conditioning _____ Stock _____ _____ Lawn _____ Oil field water _____ Other _____		
				9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface _____ in. _____ RMP _____ PVC _____ Weight _____ lbs./ft. _____ Dia. _____ in. to _____ ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ _____ ft. and _____ ft. _____ Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
(Use a second sheet if needed)				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.		
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____		
				14. Well head completion: _____ Pitless adapter _____ Inches above grade		
				15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete _____ Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes _____ No _____		
18. Elevation:  Topography: _____ Hill _____ Slope _____ Upland _____ Valley				17. Pump: _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____		
				19. Remarks:		
				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. <b>L.H. KRAUSE SHOP 156</b> Business name _____ License No. _____ Address <b>COUNCIL GROVE KS</b> Signed <b>L.H. Krause</b> Date _____ Authorized Representative		

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

Form WWC-5