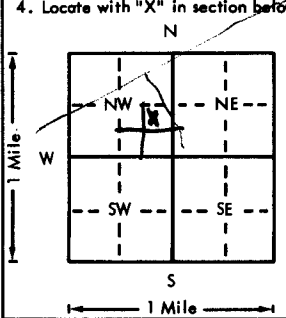
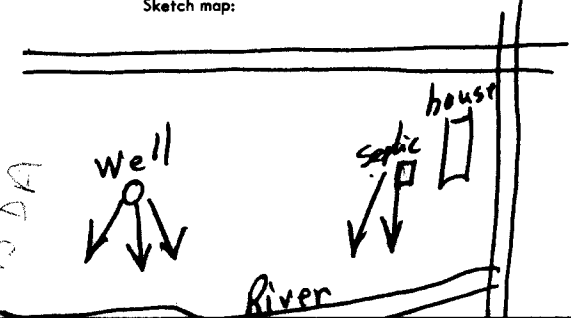


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

1. Location of well:		County: <u>Chase</u>	Fraction: <u>NE 1/4 SE 1/4 NW 1/4</u>	Section number: <u>25</u>	Township number: <u>T 20 S</u>	Range number: <u>R 6 E</u>
2. Distance and direction from nearest town or city: <u>In Clements</u> Street address of well location if in city: <u>NO Street or house number</u>		3. Owner of well: <u>Dean Kidwell</u> R.R. or street: <u>Clements, Kansas 66844</u> City, state, zip code:				
4. Locate with "X" in section below:		Sketch map:				
						
5. Type and color of material		From	To	6. Bore hole dia. <u>4 1/2</u> in. Completion date <u>2-10-76</u> Well depth <u>41</u> ft.		
<u>Top - Blk</u>		<u>0</u>	<u>6</u>	7. <input checked="" 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		
<u>Clay Compact - Brn</u>		<u>6</u>	<u>30</u>	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		
<u>Silty - Brn</u>		<u>30</u>	<u>32</u>	9. Casing: Material <u>PIPS</u> Height: <u>above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>3 1/2</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>11</u> lbs./ft. Dia. <u>5</u> in. to <u>30</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>30</u> ft. depth gage No. <u>1200</u>		
<u>Shale - Green</u>		<u>32</u>	<u>36</u>	10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>11</u> Set between <u>30</u> ft. and <u>41</u> ft. Set between <u>30</u> ft. and <u>41</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4 - 1/2</u>		
<u>SAND - Fine in silt</u>		<u>36</u>	<u>40</u>	11. Static water level: <u>28</u> ft. below land surface Date <u>2-10-76</u> mo./day/yr.		
<u>Shale - Blw</u>		<u>40</u>	<u>41</u>	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>15</u> g.p.m.		
<u>Bottom on line</u>				13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date ____ mo./day/yr.		
				14. Well head completion: <u>3 1/2</u> inches above grade ____ Pitless adapter		
				15. Well grouted? <u>Yes</u> With: <u>Neat cement</u> <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>150</u> ft. Direction <u>NE</u> Type <u>Septic</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ HP ____ Volts ____ Model number ____ 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		
18. Elevation:		19. Remarks: <u>4'x4'x4' Concrete to be installed</u> <u>by customer - he knows of this</u> <u>regulation</u> <u>x Dean Kidwell</u>		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>Zinn Water Well Drilling 218</u> Business name <u>Host Springs, Kan</u> License No. ____ Address <u>Joseph A. Zinn</u> Date <u>2-10-76</u> Signed <u>Joseph A. Zinn</u> Authorized representative		

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

Form WWC-5