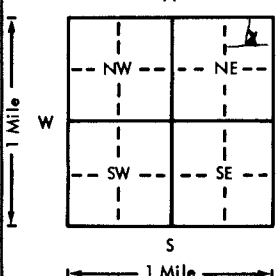


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 NE 1/4 NE 1/4</u>	Section number <u>10</u>	Township number <u>T 20 S R 8 E</u>	Range number <u>8</u>
2. Distance and direction from nearest town or city: <u>2 miles South and 1 3/4 East of Cottonwood Falls</u>				3. Owner of well: <u>Vaden Burton</u> R.R. or street: <u>AR</u> City, state, zip code: <u>Cottonwood Falls</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>10</u> in. Completion date <u>3-10-77</u> Well depth <u>50</u> ft.		
				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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Topsoil - Blk</u>		<u>0</u>	<u>2</u>	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18"</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>18</u> lbs./ft. Dia. <u>5</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>23</u> ft. depth gage No. <u>1200</u>		
<u>Clay - Red</u>		<u>2</u>	<u>8</u>	10. Screen: Manufacturer's name <u>Surf-Ton</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>27</u> Set between <u>23</u> ft. and <u>50</u> ft. ft. and <u>50</u> ft. Gravel pack? <u>Yes</u> Size range of material <u>1/4-3/8</u>		
<u>Silt with fine sand - Reddish Orange</u>		<u>8</u>	<u>25</u>	11. Static water level: <u>23</u> ft. below land surface Date <u>3-10-77</u> mo./day/yr.		
<u>Gravel & soft clay - Brn</u>		<u>25</u>	<u>31</u>	12. Pumping level below land surfaces: ft. after <u>4</u> hrs. pumping <u>4</u> g.p.m. ft. after <u>4</u> hrs. pumping <u>4</u> g.p.m. Estimated maximum yield <u>4</u> g.p.m.		
<u>Shale - Blue</u>		<u>31</u>	<u>34</u>	13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <u>3-10-77</u> mo./day/yr.		
<u>Lime & Flint</u>		<u>34</u>	<u>38</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> inches above grade		
<u>Shale - Blue</u>		<u>38</u>	<u>39</u>	15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
<u>Flint on lime Gray</u>		<u>39</u>	<u>50</u>	16. Nearest source of possible contamination: <u>Swage</u> ft. <u>200</u> 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 _____ 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		
18. Elevation:		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. <u>Ziss Water Well Drilling</u> Business name <u>218</u> License No. _____ Address <u>Lost Springs, Kan</u> Signed <u>James A. Ziss</u> Date <u>3-10-77</u> Authorized representative		

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

Form WWC-5