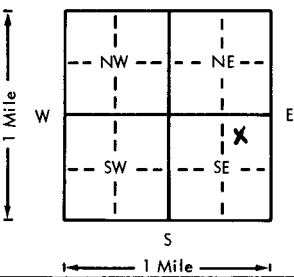


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Harvey</u> Fraction <u>NW 1/4 NE 1/4 SE 1/4</u> Section number <u>18</u> Township number <u>T 22 S</u> Range number <u>R 1 E W</u>					
2. Distance and direction from nearest town or city: <u>4 N. of I-35</u> Street address of well location if in city: <u>on K-15 1/2 W, 1/2 S. of</u> 3. Owner of well: <u>Delbert Dreier</u> R.R. or street: <u>R#1</u> City, state, zip code: <u>Newton, Kansas</u>					
4. Locate with "X" in section below: Sketch map: <u>the W. side of road Newton, Kansas</u>					
					
5. Type and color of material					
<u>Topsoil</u>		From	To	6. Bore hole dia. <u>11</u> in. Completion date <u>7-12-76</u> Well depth <u>30</u> ft.	
<u>Clay</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>Fine Sand</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>Shale</u>				9. Casing: Material <u>stiprene</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <u>90</u> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>30</u> ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. <u>200</u>	
				10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>stiprene</u> Dia. <u>5"</u> Slot/gauge <u>.06</u> Length <u>15 ft</u> Set between <u>15</u> ft. and <u>30</u> ft. Gravel pack? <u>yes</u> size range of material <u>1/4-1/8"</u>	
				11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>7-12-76</u>	
				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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
				14. Well head completion: <u>12</u> <u>Capped</u> <input type="checkbox"/> Pitless adapter _____ inches above grade	
				15. Well grouted: <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> to <u>14</u> ft.	
				16. Nearest source of possible contamination: _____ ft. <u>180</u> Direction <u>West</u> Type <u>Septic Tank</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	
(Use a second sheet if needed)					
18. Elevation:	19. Remarks: <u>Flat Ground.</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>Harv Wells Pumping</u> Business name _____ License No. _____ Address <u>Wichita, Kansas</u> Signed <u>M. Arnold</u> Date <u>8-23-76</u> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 22 S R 1 E W Sec 18 NW 1/4 SE

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

Form WWC-5