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

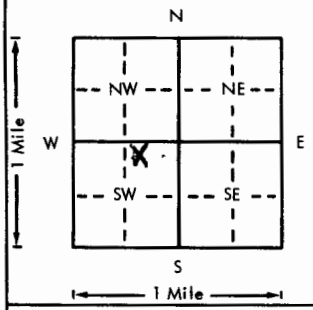
1. Location of well:	County	Fraction	Section number	Township number	Range number
	HARVEY	NW 1/4 NE 1/4 SW 1/4	5	T 23 S	R 1 (E) W

2. Distance and direction from nearest town or city:

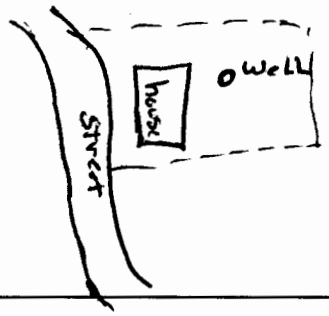
Street address of well location if in city:

3. Owner of well: Cloyton Penner
R.R. or street: #8 Sapphire court
City, state, zip code: North Newton, KNS

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 12 in. Completion date 8/12/76
Well depth 33 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material plastic Height: (Above) or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 3.73 lbs./ft.
Dia. 6 in. to 33 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 2.55

5. Type and color of material	From	To
loam	0	2
brown clay	2	14
clay mixed w sand	14	23
fine sand	23	24
clay mixed w sand	24	29
blue green shale	29	33

(Use a second sheet if needed)

10. Screen: Manufacturer's name Robi's-Tech-Own Slot
Type PVC Dia. 6"
Slot/gauze .064 Length 20'
Set between 13 ft. and 33 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material 1/8-1/4

11. Static water level: mo./day/yr.
14 ft. below land surface Date 8/12/76

12. Pumping level below land surfaces:
33 ft. after 1 hrs. pumping 5 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 5 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date 8/12/76

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination: city
ft. 146 Direction West Type sewer
Well disinfected upon completion? ___ Yes X No

17. Pump: X 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

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:

Owner grouted well

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.
Paul's Inc.
Business name License No.
Address ___
Signed ___ Date ___
Authorized representative

T 23 R 1 (E) W Sec 5 1/4 NW 1/4 NE 1/4 SW

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

Form WWC-5