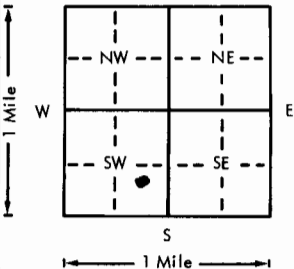


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>N 1/2 - SE 1/4 SW 1/4</u> | Section number: <u>7</u> | Township number: <u>T 23 S R 1 E</u> | Range number: <u>1 E</u> |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: <u>333 Boyd Newton</u> | | | 3. Owner of well: <u>Merle Gray</u> R.R. or street: City, state, zip code: <u>Newton Kansas</u> | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | Sketch map:  | | |
| 5. Type and color of material | | | 6. Bore hole dia. <u>5 1/2</u> in. Completion date <u>May 28 1977</u> Well depth <u>65</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 | | |
| | | | 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 type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | 9. Casing: Material <u>plain</u> Weight: Above 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>200</u> lbs./ft. Dia. <u>5</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. <u>2 1/2</u> in. to <u>30</u> ft. depth gage No. <u>210</u> | | |
| | | | 10. Screen: Manufacturer's name <u>Sunflow</u> <u>Classic product</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>3/32</u> Length <u>30</u> Set between <u>20</u> ft. and <u>50</u> ft. <u>50</u> ft. and <u>50</u> ft. Gravel pack? <input type="checkbox"/> Size range of material <u>4-10</u> | | |
| | | | 11. Static water level: <u>12</u> ft. below land surface Date <u>May 28 77</u> | | |
| | | | 12. Pumping level below land surfaces: <u>12</u> ft. after <u>2 1/2</u> hrs. pumping <u>12</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m. | | |
| | | | 13. Water sample submitted: <u> </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u> | | |
| | | | 14. Well head completion: <u> </u> Pitless adapter <u>18</u> Inches above grade | | |
| | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>cap</u> ft. to <u>10</u> ft. | | |
| | | | 16. Nearest source of possible contamination: ft. <u>75</u> Direction <u>S 2 W</u> Type <u>crust</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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> 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: | | |
| Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | | 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>Terrah Budd 221</u> Business name <u>Newton Kansas</u> License No. <u> </u> Address <u> </u> Signed <u>Terrah Budd</u> Date <u>May 28 77</u> Authorized representative <u> </u> | | |

T 23 S R 1 E Sec 7 NW SE SW

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

Form WWC-5