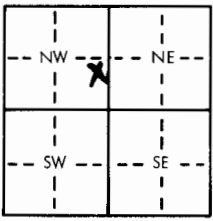


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 HARVEY | | Fraction NE 1/4 SE 1/4 NW 1/4 | | Section number 8 | Township number T 23 S 1-E | Range number R 1-E |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2111 N-MAIN -NEWTN | | | | 3. Owner of well: FRED DUOTE R.R. or street: 2111 N MAIN City, state, zip code: N NEWTON KANS. 67117 | | |
| 4. Locate with "X" in section below: N 1 Mile W E S 1 Mile | | Sketch map:  | | 6. Bore hole dia. 10 in. Completion date 6-6-79 Well depth 29 ft. | | |
| 5. Type and color of material | | From | To | 7. 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 | | |
| CLAY | | 0 | 10 | 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 | | |
| SAND - FINE | | 10 | 15 | 9. Casing: Material PLAST Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 10 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200 | | |
| COURSE SAND | | 15 | 28 | 10. Screen: Manufacturer's name SUNFLOWER PLAST PIPE Type 200 Dia. 5 Slot gauge 7/16 Length 19 Set between 10 ft. and 29 ft. _____ ft. and _____ ft. | | |
| SHALE | | 28 | 29 | Gravel pack? <input checked="" type="checkbox"/> YES Size range of material 1/8-1/2 | | |
| | | | | 11. Static water level: _____ mo./day/yr. 8 ft. below land surface Date 6-6-79 | | |
| | | | | 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 10 g.p.m. | | |
| | | | | 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| | | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 18 Inches above grade | | |
| | | | | 15. Well grouted? <input checked="" type="checkbox"/> YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | |
| | | | | 16. Nearest source of possible contamination: ft. 300 Direction W Type CREEK Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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: | | (Use a second sheet if needed) | | 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. MARTINI SUPPLY 362 Business name License No. Address 500 W 21ST N NEWTON Signed Bruce Schmidt Date 6-8-79 Authorized Representative | | |
| 19. Remarks: | | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley | | | | | | |

T 23 S 1-E
 R 1-E
 S 1-E
 NE 1/4 SE 1/4 NW 1/4

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

Form WWC-5