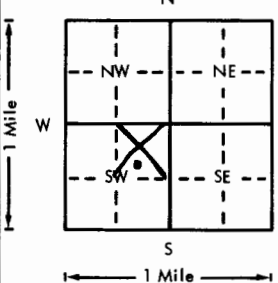


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>S 1/2 NE 1/4 SW 1/4</u> Section number <u>18</u> Township number <u>T 23 S R 1</u> Range number <u>1</u> (E)N	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1104 Trinity Drive</u>	
3. Owner of well: <u>TOM Richards</u> R.R. or street: <u>1104 TRINITY DRIVE</u> City, state, zip code: <u>Newton Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Black Soil</u>	<u>0 6</u>
<u>Blue Shale</u>	<u>6 18</u>
<u>Sandy Loam</u>	<u>18 30</u>
<u>Limestone Rock</u>	<u>30 36</u>
<u>gray Shale</u>	<u>36 50</u>
<u>Rock</u>	<u>50 51</u>
<u>Blue Shale</u>	<u>51 68</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>CUSTOMER agrees to run 4'x4' concrete slab on top of well.</u>
6. Bore hole dia. <u>10.8</u> in. Completion date <u>8/10/76</u> Well depth <u>68</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>Plastic</u> Weight: <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>200</u> lbs./ft. Dia <u>5</u> in. to <u>6.2</u> ft. depth; Wall Thickness: inches or Dia. <u>5</u> in. to <u>6.2</u> ft. depth; gage No. <u>2/10/4/in</u>	
10. Screen: Manufacturer's name <u>Simflow Plastic pipe</u> Type <u>RMP</u> Dia. <u>5</u> Slot/gauze <u>2/32</u> Length <u>40 ft</u> Set between <u>20</u> ft. and <u>60</u> ft. <u>60</u> ft. and <u>60</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>4 cu ft</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>8/10</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>20</u> ft. after <u>30</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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>0</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>S</u> Type <u>sewer line</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <u> </u> Not installed Manufacturer's name <u>Gould</u> Model number <u> </u> HP <u>3</u> Volts <u>220</u> Length of drop pipe <u>62</u> ft. capacity <u>12</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
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>Frank Budd 221</u> Business name <u>RH</u> License No. <u> </u> Address <u> </u> Signed <u>Frank Budd 8/11/76</u> Authorized representative	

MNC
23 - 10 W 18 S 1/2 NE SW
1/4 1/4 1/4

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

Form WWC-5