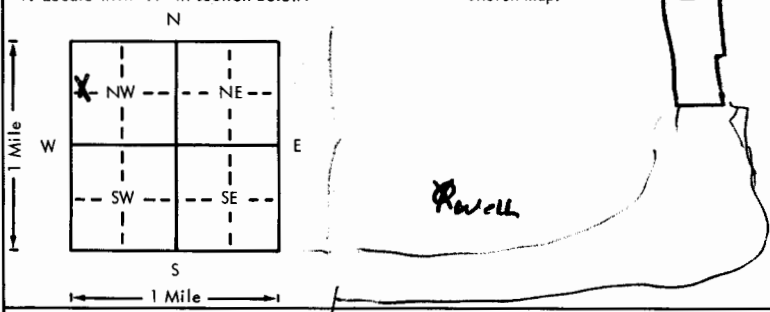


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 SW 1/4 NW 1/4 NW 1/4	Section number 33	Township number T 23 S	Range number R 2 E
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 mile, So of Newton - old Hwy 81		3. Owner of well: R.R. or street: City, state, zip code: C. Lifford Wyss R.R. #2 Newton, Kansas		
4. Locate with "X" in section below: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.				
5. Type and color of material		From		To		7. _____ Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary
ALL UNKNOWN Well drilled 10/12 yrs ago						8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other
						9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____
						10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
						11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
						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. Yes _____ No _____ Date _____
						14. Well head completion: _____ Pitless adapter _____ Inches above grade
						15. Well grouted? _____ With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No
						17. Pump: _____ 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:		19. Remarks:		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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		