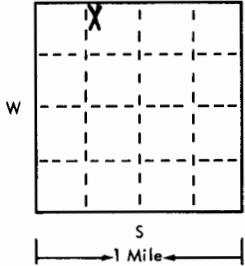


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <u>Greenwood</u>	Township name <u>Quincy</u>	Fraction <u>NW NE NW</u>	Section number <u>34</u>	Town number <u>25 S</u>	Range number <u>12 E</u>
Distance and direction from nearest town or city: Street address of well location if in city: <u>IN Neal, KS.</u>				3 Owner of well: <u>Glen Hardesty</u> Address: <u>Neal Kansas 67045</u>		
Locate with "X" in section below:  Sketch map: <u>P.H.B.</u>				4 Well depth: <u>49</u> ft. Date of completion <u>9-28-76</u> Well diameter <u>10</u> in.		
2 Type and color of material				5 <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		
				6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/>		
7 Casing: Material <u>plastic</u> Height: <u>above</u> /below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. Diam. <u>10</u> in. to <u>10</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>8</u> in. to <u>49</u> ft. depth				8 Screen: Manufacturer <u>SunFlower Plastics</u> Type <u>RMP</u> Dia. <u>6</u> <u>50</u> /gauge <u>19</u> Length <u>29</u> Set between <u>20</u> ft. and <u>49</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/4</u>		
				9 Static water level: <u>15</u> ft. below land surface Date <u>9-28-76</u>		
10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>1</u> g.p.m.				11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____		
				12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>10</u> ft.				14 Nearest source of possible contamination: ft. <u>60</u> Direction <u>N 5</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.m.p. 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		
16 Remarks: elevation <u>PPE 1/2 NW 1/4 Quincy Township</u> <u>See 34-25-12 Greenwood</u> <u>County Kansas.</u>				17 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>Eureka Well Service</u> Business name License No. <u>296</u> Address <u>Eureka Kansas</u> Signed <u>Tom Ashlock</u> Date <u>9-28-76</u> Authorized representative		

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5