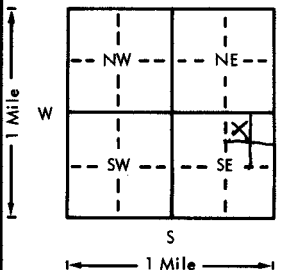
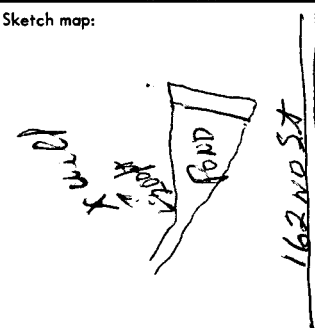


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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 <b>BUTLER</b>	Fraction <b>NW 1/4 NE 1/4 SE 1/4</b>	Section number <b>9</b>	Township number <b>T 27S</b>	Range number <b>R 3E</b>	E/W <b>E/W</b>
2. Distance and direction from nearest town or city: <b>2 MI EAST, 3/8 MI NORTH on West side of ROAD OFF OF 13th Street</b>				3. Owner of well: <b>Lee HARPSTRITE</b> R.R. or street: <b>16298 E 13th</b> City, state, zip code: <b>LUICHTA, KANSAS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>11-13-75</b> Well depth <b>63</b> 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			
5. Type and color of material		From		To		8. 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Brown Surface Grumbo		0		8		9. Casing: Material <b>Plastic</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>16</b> in. RMP <b>4</b> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>	
Yellow Clay		8		46		10. Screen: Manufacturer's name <b>SUNFLOWER PLASTIC</b> Type <b>RMP</b> Dia. <b>6"</b> <input checked="" type="checkbox"/> Slot gauze <input checked="" type="checkbox"/> <b>1/2" drilled</b> Length <b>20 ft</b> Set between <b>43</b> ft. and <b>63</b> ft. Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.	
Water Shale (light Gray)		46		48		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>23</b> ft. below land surface Date <b>11-13-75</b>	
Gray Clay		48		54		12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
Limestone Rock		54		56		13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
Water Shale		56		58		14. Well head completion: <b>Capped</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Dark Gray Clay		58		63		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>15</b> ft.	
No source of contamination at this type Customer is planning to build home here later						16. Nearest source of possible contamination: ft. ____ Direction ____ Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input 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:		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. <b>SIMMON'S DRILLING 163</b> Business name <b>163 Central ANDOVER KS</b> License No. <b>11-17-75</b> Address <b>Ben Brueggner</b> Date <b>11-17-75</b> Signed <b>Ben Brueggner</b> Authorized representative			