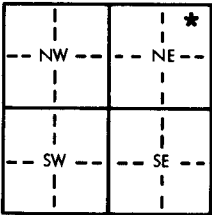


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Brown	Fraction NE 1/4 1/4 1/4	Section number 34	Township number T 2 S	Range number R 18E E/W
2. Distance and direction from nearest town or city: 1 1/2 Miles North, 1-3/4 Miles East Street address of well location if in city: Robinson, Kansas			3. Owner of well: State of Kansas R.R. or street: State Office Building City, state, zip code: Topeka, Kansas			
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W 1 Mile S E</div>  <p>Well location as shown on Plans, Sta. 649+95, 176' Rt. CL Project 36-7-RF-092-5 (14).</p>			6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft.			
5. Type and color of material			7. <input 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 type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> 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: <input 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. Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			
			18. Elevation:			
			19. Remarks:			
			Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			

T
2
R
18E
W
34
Sec
1/4
1/4
1/4