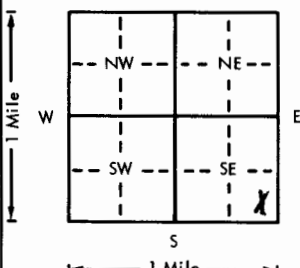


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Sumner</u> Fraction <u>SE 1/4 SE 1/4 SE 1/4</u> Section number <u>17</u> Township number <u>T 30 S R 1 E</u> Range number <u>1</u>	
2. Distance and direction from nearest town or city: <u>#34 Kinkel St. Peck, Kans.</u> Street address of well location if in city: <u>Peck, Kans.</u> 3. Owner of well: <u>Don Fitchelson</u> R.R. or street: <u>R.F.</u> City, state, zip code: <u>Peck, Kansas</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>Dirt</u>	From <u>0</u> To <u>13</u>
<u>Clay</u>	<u>3</u> <u>13</u>
<u>Fine sand</u>	<u>13</u> <u>30</u>
<u>Medium sand</u>	<u>30</u> <u>37</u>
<u>Shale</u>	<u>37</u> <u>45</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Flat Ground</u> <u>Septic tank not installed at time well was drilled.</u>
6. Bore hole dia. <u>11</u> in. Completion date <u>10-2-75</u> Well depth <u>46</u> ft.	
7. <input type="checkbox"/> Cable tool <input checked="" 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 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	
9. Casing: Material <u>stainless</u> Height: Above or below <u>12</u> in. Threads <u>Welded</u> Surface <u>12</u> in. RMP <u>5</u> PVC <u>1</u> Weight <u>      </u> lbs./ft. Dia. <u>5</u> in. to <u>46</u> ft. depth; Wall Thickness: inches or <u>      </u> Dia. <u>      </u> in. to <u>      </u> ft. depth; gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Supplawer Plastic</u> Type <u>stainless</u> Dia. <u>5"</u> Slot/gauze <u>0.50</u> Length <u>15'</u> Set between <u>31</u> ft. and <u>46</u> ft. Gravel pack? <u>yes</u> size range of material <u>1/4-1/8</u>	
11. Static water level: <u>15</u> ft. below land surface Date <u>10-2-75</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>      </u> g.p.m.	
13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date <u>      </u>	
14. Well head completion: <u>12</u> <u>Capped</u> <input type="checkbox"/> Pitless adapter <u>      </u> inches above grade	
15. Well grouted: <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40</u> ft. to <u>14</u> ft.	
16. Nearest source of possible contamination: <u>none</u> ft. <u>      </u> Direction <u>      </u> Type <u>      </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>      </u> Model number <u>      </u> HP <u>      </u> Volts <u>      </u> Length of drop pipe <u>      </u> ft. capacity <u>      </u> 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. <u>Harp Well Pump 236</u> Business name <u>Wichita Kans.</u> license No. <u>      </u> Address <u>      </u> Signed <u>M. Arnold</u> Date <u>10-4-75</u> Authorized representative	

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

Form WWC-5