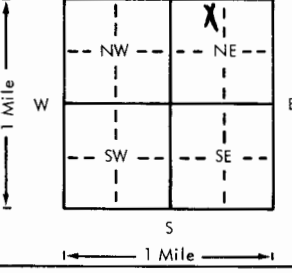


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Sumner	Fraction 1/4 NW 1/4 NE 1/4	Section number 8	Township number T 31 S	Range number R 1E E/W
2. Distance and direction from nearest town or city: 1 mile West of Belle Plaine Y and 1 mile South, 1/4 mile East on the South side of road.			3. Owner of well: Bryan Sears R.R. or street: City, state, zip code: Belle Plaine, KS		
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map: Belle Plaine, Kansas		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>50</u> ft. <u>11-10-78</u>
Topsoil			0	3	7. <input checked="" 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
Clay			3	15	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
Fine sand			15	17	9. Casing: Material <u>Styrene</u> Height: Above or below Threaded _____ Welded <u>gl</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>50</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.200</u>
Grey shale			17	50	10. Screen: Manufacturer's name <u>Sunflower plastic</u> Type <u>styrene</u> Dia. <u>5"</u> Slot/size <u>.06</u> Length <u>30'</u> Set between <u>20</u> ft. and <u>50</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/2-1/8"</u>
					11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>11-10-78</u>
					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. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade <input checked="" type="checkbox"/> capped
					15. Well grouted? <input checked="" type="checkbox"/> yes <u>1-2 fine sand mix</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: ft. <u>75</u> Direction <u>N.W.</u> Type <u>Septic tank</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 _____ 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
(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: Flat ground.		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</u> <u>236</u> Business name License No. Address <u>Wichita, Kansas</u> <u>67209</u> Signed <u>M. Arnold</u> Date <u>12-5-78</u> Authorized representative		

31-1E-8 NW NE
T
R
W
Sec
1/4 1/4 1/4

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

Form WWC-5