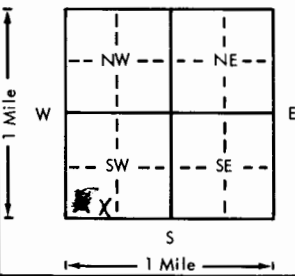


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Washington</u> Fraction <u>SE 1/4 SW 1/4 SW 1/4</u> Section number <u>15</u> Township number <u>T 3 S R 3</u> Range number <u>3</u> (EW)	
2. Distance and direction from nearest town or city: <u>25-2W of</u> Street address of well location if in city: <u>Washington</u> 3. Owner of well: <u>Paul Daque (DAQUE)</u> R.R. or street: <u>#</u> City, state, zip code: <u>Washington 66968</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>clay</u>	<u>0</u> <u>10</u>
<u>sand rock</u>	<u>10</u> <u>15</u>
<u>clay</u>	<u>15</u> <u>59</u>
<u>sand rock</u>	<u>59</u> <u>138</u>
<u>clay</u>	<u>138</u> <u>139</u>
(Use a second sheet if needed)	
18. Elevation: <u>1065'</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>Pitless adapter was put on new well @ 3/4 HP submersible pump</u>
6. Bore hole dia. <u>8</u> in. Completion date <u>12-19-77</u> Well depth <u>139</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>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>139</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>139</u> ft. depth gage No. <u>258</u>	
10. Screen: Manufacturer's name <u>PUMPCO</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauge <u>1/16"</u> Length <u>20</u> Set between <u>119</u> ft. and <u>139</u> ft. Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>1/8"-1/4"</u>	
11. Static water level: <u>20</u> ft. below land surface Date <u>12-19-77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>120</u> ft. after <u>1/2</u> hrs. pumping <u>10</u> g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____ mo./day/yr.	
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
15. Well grouted? <input checked="" type="checkbox"/> YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>6</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>septic tank</u> ft. <u>100</u> Direction <u>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	
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 <u>See Lix & Sons Inc.</u> License No. <u>258</u> Address <u>Clifton Kansas</u> Signed <u>Thomas Cox</u> Date <u>12-19-77</u> Authorized representative	

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

Form WWC-5