

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

WATER WELL RECORD
KSA 820-1201-1215

Kansas Department of Health and Environment—Division of Environment (Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County WASHINGTON	Fraction SW 1/4 SW 1/4 SE 1/4	Section number 2	Township number T 3 S R 4 E W	Range number												
2. Distance and direction from nearest town or city:	S EAST		3. Owner of well: NEFF BRABEL														
Street address of well location if in city:	WASHINGTON		R.R. or street: City, state, zip code: GREENLEAF KANS 66943														
4. Locate with "X" in section below:			Sketch map:														
N			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">1 Mile</td> <td style="width:10%; text-align:center;">W</td> <td style="width:10%; text-align:center;">N</td> <td style="width:10%; text-align:center;">E</td> <td style="width:10%; text-align:center;">S</td> <td style="width:10%; text-align:center;">1 Mile</td> </tr> <tr> <td colspan="6" style="text-align:center;"> </td> </tr> </table>			1 Mile	W	N	E	S	1 Mile						
1 Mile	W	N				E	S	1 Mile									
5. Type and color of material			From	To	6. Bore hole dia. 8 in. Completion date Well depth 59 ft. 7/12/78 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 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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia 5 in. to 59 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258 10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 5 Slot/Dauze 1/16 Length 20' Set between 39 ft. and 59 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material _____ 11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 7/12/78 12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after N/A hrs. pumping _____ g.p.m. Estimated maximum yield 5 _____ g.p.m. 13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ 14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade 15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. 16. Nearest source of possible contamination: HO9 ft. 75 Direction NORTH Type PEN 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: 1340ft	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. DARYL COX + SONS INC 359 Business name License No. Address ELYTON KANS 66937 Signed Daryl Cox Date 7/13/78 Authorized representative														

T 3
 R 4
 W E
 Sec 2
 SW SE SE

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

Form WW-5