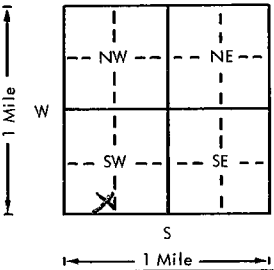


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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>21</u> Township number <u>T 4 S R 3</u> Range number <u>3</u> <span style="float:right">E/W</span>	
2. Distance and direction from nearest town or city: <u>3/4 W of Linn</u> Street address of well location if in city: <u>Linn</u>	
3. Owner of well: <u>Harvey Hulse</u> R.R. or street: <u>#1</u> City, state, zip code: <u>Linn Kansas 66953</u>	
4. Locate with "X" in section below: Sketch map: 	6. Bore hole dia. <u>8</u> in. Completion date <u>2-12-77</u> Well depth <u>78</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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 checked="" 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>78</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>78</u> ft. depth gage No. <u>.258</u>
5. Type and color of material	10. Screen: Manufacturer's name <u>Pumper</u> Type <u>PVC</u> Dia. <u>5</u> Slot/gauze <u>1/16</u> Length <u>20</u> Set between <u>58</u> ft. and <u>78</u> ft. ft. and <u>78</u> ft. Gravel pack? <u>YES</u> Size range of material <u>1/8-1/4</u>
	11. Static water level: <u>30</u> ft. below land surface Date <u>2-12-77</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>60</u> g.p.m.
	13. Water sample submitted: <u>    </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>    </u>
	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade
	15. Well grouted? <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>pond</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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
(Use a second sheet if needed)	
18. Elevation:	19. Remarks:
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Geo Coyle Inc 258</u> Business name <u>Clifton Kansas</u> License No. <u>    </u> Address <u>    </u> Signed <u>Francis Co</u> Date <u>2-12-77</u> Authorized representative

T 4  
 R 3  
 W 3  
 Sec 21  
 1/4  
 1/4  
 1/4  
 1/4  
 S E S W S W

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

Form WWC-5