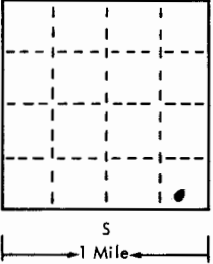


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Riley</i>	Township name <i>GRANT</i>	Fraction <i>SE SE SE</i>	Section number <i>33</i>	Town number <i>8</i>	Range number <i>6 E</i>
Distance and direction from nearest town or city: <i>4.5 mi. E of Earl</i> <i>Riley Kansas</i>				3 Owner of well: <i>James Hoff</i> Address: <i>Riley Kansas</i>		
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>142</i> ft. Date of completion <i>6-8-77</i> Well diameter <i>3.5</i> in.
2 Type and color of material			From	To	5 <input checked="" type="checkbox"/> Cable tool <input 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	
<i>Top soil</i>			<i>0</i>	<i>10</i>	6 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"/> Commercial <input type="checkbox"/> Test well	
<i>White rock</i>			<i>10</i>	<i>15</i>	7 Casing: Material <i>PVC</i> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>22</i> in. Diam. Weight <i>2.14</i> lbs./ft. <i>5</i> in. to <i>142</i> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
<i>Light clay</i>			<i>15</i>	<i>28</i>	8 Screen: Manufacturer <i>Purmo</i> Type <i>4 in. Gal PVC</i> Dia. <i>5 in</i> Gauze <i>18</i> Length <i>20 ft</i> Set between <i>20</i> ft. and <i>60</i> ft. <i>105-115</i> Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material ___	
<i>Yellow rock</i>			<i>28</i>	<i>32</i>	9 Static water level: <i>90</i> ft. below land surface Date <i>6-8-77</i>	
<i>red clay</i>			<i>32</i>	<i>71</i>	10 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.	
<i>yellow rock little water</i>			<i>71</i>	<i>74</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
<i>Tan clay</i>			<i>74</i>	<i>85</i>	12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
<i>yellow rock</i>			<i>85</i>	<i>89</i>	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>0</i> ft. to <i>18</i> ft.	
<i>gray shale</i>			<i>89</i>	<i>95</i>	14 Nearest source of possible contamination: ft. <i>100</i> Direction <i>W</i> Type <i>sewer</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>gray rock</i>			<i>95</i>	<i>103</i>	15 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	
<i>Tan shale</i>			<i>103</i>	<i>109</i>	16 Remarks: elevation Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	
<i>Tan rock water</i>			<i>109</i>	<i>114</i>	17 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. <i>James Hoff</i> <i>202</i> Business name _____ License No. _____ Address <i>Home St 6</i> Signed <i>James Hoff</i> Date <i>6-8-77</i> Authorized representative	
<i>blue shale</i>			<i>114</i>	<i>123</i>		
<i>gray rock</i>			<i>123</i>	<i>127</i>		
<i>blue shale</i>			<i>127</i>	<i>142</i>		
(use a second sheet if needed)						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5