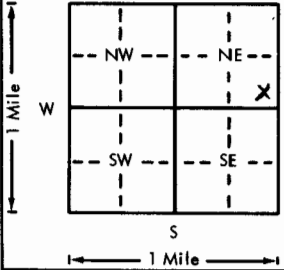


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

add

1. Location of well:	County Jackson	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 36	Township number T 9 S R 15	Range number EW
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Mosher, Vernon R.R. or street: City, state, zip code: Hoyt, Kansas		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 10 in. Completion date 4/13/76 Well depth 66 ft.	
5. Type and color of material		From	To	7. <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	
Top Soil		0	1	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	
Brown and Clay and Fine Sand		1	3	9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 In. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 200 lbs./ft. Dia. 5 in. 66 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258 MNC	
Yellow Clay and Fine Sand		3	18	10. Screen: Manufacturer's name Modern Type Pvc Dia. 5 inch Slot/gauze 1/4 Length 24 feet Set between 36 ft. and 40 ft. 46 ft. and 66 ft. Gravel pack? Yes Size range of material 1/2"	
Yellow Clay, Gravel and Sand		18	33	11. Static water level: <input type="checkbox"/> mo./day/yr. 27 ft. below land surface Date 4/13/76	
Quick Sand and Gravel		33	38	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 2 g.p.m.	
Gray Shale and Gravel		38	48	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
Blue Shale		48	60	14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Blue Lime Rock		60	63	15. Well grouted? Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 3 ft. to 10 ft.	
Blue Shale		63	66	16. Nearest source of possible contamination: ft. 180 Direction East Type Septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
18. Elevation: 440 Topography: 149 <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Slab to be installed by customer. He knows this is a regulation.		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. <i>Commings Drilling Co Inc</i> Business name License No. Address 20310 Signed <i>Harold Commings</i> Date 4/13/76 Authorized representative		

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

Form WWC-5

T-9
 R-15
 W-36
 SE 1/4 SE 1/4 NE 1/4