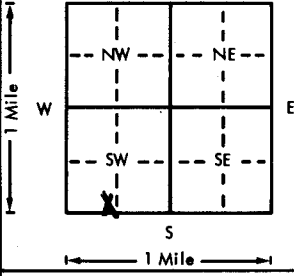


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

(DRL, 7/2/2013)

<input checked="" type="checkbox"/> Location of well:	County <u>Graham</u> Shelton	Fraction <u>SE 1/4 SW 1/4 SW 1/4</u>	Section number <u>31</u>	Township number <u>T 10</u>	Range Number <u>S R 25</u>	E/W
2. Distance and direction from nearest town or city: <u>4 E - 4 N</u> Street address of well location if in city: <u>of Quinter</u>			3. Owner of well: <u>Dennis Mader</u> R.R. or street: City, state, zip code: <u>Collyer, Kansas</u>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>57</u> ft. <u>Dec. 1976</u>	
<u>top soil</u>			<u>0</u>	<u>12</u>	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	
<u>1/2 clay and blue mud</u>			<u>12-44</u>		8. Use: <input 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	
<u>good gravel</u>			<u>44</u>	<u>57</u>	<input checked="" type="checkbox"/> Casing: Material <u>ptis</u> Height <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>gl</u> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>57</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
					10. Screen: Manufacturer's name <u>Peerless</u> <u>Plastic Pipe</u> Type <u>PVC</u> Dia. <u>5 in.</u> Slot/gauze <u>40</u> Length <u>20 ft.</u> Set between <u>37</u> ft. and <u>57</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 down</u>	
					11. Static water level: <u>28</u> ft. below land surface Date <u>Dec. 1976</u> mo./day/yr	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With <u>clay</u> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>20</u> ft.	
					<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
					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: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		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. Aqua Well Drilling 281 Business name _____ License No. _____ Address <u>Gove, Kansas</u> Signed <u>J. M. Little</u> Date <u>6-20-77</u> Authorized representative		

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

Form WWC-5