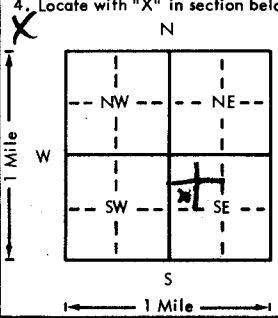


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

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

DBC

1. Location of well: County <u>Sheldon</u> Fraction <u>SW 1/4 NW 1/4 SE 1/4</u> Section number <u>35</u> Township number <u>T 10</u> Range number <u>S R 28</u>	
2. Distance and direction from nearest town or city: <u>10 N & E of Mainfield</u> 3. Owner of well: <u>Terry Bealman</u> Street address of well location if in city: <u>6 N 13 E 1/2 N 1/4</u> R.R. or street: _____ City, state, zip code: <u>Hunell, Kansas 67738</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
<u>Top soil</u>	From <u>0</u> To <u>15</u>
<u>Sandy Clay</u>	<u>15</u> <u>49</u>
<u>M. gravel, gravel</u>	<u>49</u> <u>63</u>
<u>Sandy Clay</u>	<u>63</u> <u>76</u>
<u>M. gravel, gravel</u>	<u>76</u> <u>85</u>
<u>Sandy Clay</u>	<u>85</u> <u>79</u>
<u>M. gravel, gravel</u>	<u>79</u> <u>115</u>
<u>Drill</u>	<u>115</u> <u>119</u>
<u>BRICK 115'</u>	
6. Bore hole dia. <u>9</u> in. Completion date <u>5-15-79</u> Well depth <u>119</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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>14</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>200</u>	
10. Screen: Manufacturer's name <u>Gess Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/2</u> Length <u>8'</u> Set between <u>111</u> ft. and <u>119</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>	
11. Static water level: _____ mo./day/yr. <u>51</u> ft. below land surface Date <u>3-7-79</u>	
12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>25</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: <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>300</u> Direction <u>N</u> Type <u>CRICK</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: _____ 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 checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <u>Mill</u> <input checked="" type="checkbox"/> Other	
18. Elevation: _____ 19. Remarks: _____ Topography: <input type="checkbox"/> Hill <input checked="" 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>B+B Drilling</u> <u>376</u> Business name _____ License No. _____ Address <u>Hunell, Kansas</u> Signed <u>Joseph Bealman</u> Date <u>6-8-79</u> Authorized representative	

T 10 R 28 S 35 SE NW SE

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

Form WWC-5