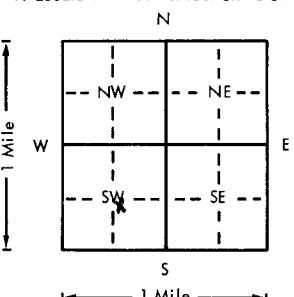


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82o-1201-1215

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

1. Location of well:	County Sheridan	Fraction NW 1/4 SE 1/4 SW 1/4	Section number 11	Township number T 10 S	Range number R 29 E
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Francis X. Heier R.R. or street: City, state, zip code: Grainfield, Ks. 67737		
4. Locate with "X" in section below: 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. 19 in. Completion date 11/20/75 Well depth 176 ft.
silt + clay			0	60	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 checked="" type="checkbox"/> Reverse rotary
sandstone + clay			60	90	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
Med Sand			90	115	9. Casing: Material CeAs Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 12 in. to 176 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gauge No. _____
Clay + sand streaks			115	152	10. Screen: Manufacturer's name _____ Johnson Well Casing Type cement asbestos 12 in Slot/gauze 3/16 Length 13 ft. Set between 124 ft. and 176 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 down
sand to loose gravel shale			152	175	11. Static water level: _____ mo./day/yr. 90 ft. below land surface Date 11/20/75
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 400 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? cement slab With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
					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 checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input 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 Gove, Ks. 67736 Signed M. Juttler Date 6-20-77 Authorized representative		

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

Form WWC-5