

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

| 1. Location of well:  |                    | County<br><b>Sheridan</b>  | Fraction<br><b>SW 1/4 NE 1/4 NE 1/4</b>   | Section number<br><b>21</b>  | Township number<br><b>T 10</b>   | Range number<br><b>S R 29</b>  | <b>DR</b> |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
|---|--------------------|--|---|--|--|--|-----------|--|----------|---|-------------------------|-----------|------------|-------------|------------|------------|-------------------------------------|------------|------------|---|--|--|
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:   |                    |  | 3. Owner of well: <b>Gail Blank</b><br>R.R. or street:<br>City, state, zip code: <b>Grainfield,</b> |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| 4. Locate with "X" in section below:  |                    | Sketch map:  |   |  | 6. Bore hole dia. <b>19</b> in. Completion date _____<br>Well depth <b>180</b> ft. <b>7/1/75</b> |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
|   |                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">5. Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td><b>silt + clay</b></td> <td><b>0</b></td> <td><b>90</b></td> </tr> <tr> <td><b>sand + sandstone</b></td> <td><b>90</b></td> <td><b>150</b></td> </tr> <tr> <td><b>clay</b></td> <td><b>150</b></td> <td><b>162</b></td> </tr> <tr> <td><b>clay lens 172 sand to gravel</b></td> <td><b>162</b></td> <td><b>190</b></td> </tr> </tbody> </table> |   |  | 5. Type and color of material  | From   | To        | <b>silt + clay</b>   | <b>0</b> | <b>90</b>   | <b>sand + sandstone</b> | <b>90</b> | <b>150</b> | <b>clay</b> | <b>150</b> | <b>162</b> | <b>clay lens 172 sand to gravel</b> | <b>162</b> | <b>190</b> | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary |  |  |
|   |                    |  |   |  | 5. Type and color of material  | From   | To        |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <b>silt + clay</b>  | <b>0</b>           | <b>90</b>  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <b>sand + sandstone</b>   | <b>90</b>          | <b>150</b>   |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <b>clay</b>   | <b>150</b>         | <b>162</b>   |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <b>clay lens 172 sand to gravel</b>   | <b>162</b>         | <b>190</b>   |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other  |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">11. Static water level:</th> <th style="width:10%;">mo./day/yr.</th> </tr> </thead> <tbody> <tr> <td><b>94</b> ft. below land surface</td> <td>Date <b>7/1/75</b></td> </tr> </tbody> </table>  |                    | 11. Static water level:  | mo./day/yr.   | <b>94</b> ft. below land surface   | Date <b>7/1/75</b>   | 9. Casing: Material <b>steel</b> Height: <b>above</b> or below<br>Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in.<br>RMP _____ PVC _____ Weight _____ lbs./ft.<br>Dia. <b>12 3/4</b> in. to <b>180</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. <b>7 ga</b> |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
|   |                    | 11. Static water level:  | mo./day/yr.   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <b>94</b> ft. below land surface  | Date <b>7/1/75</b> |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| 10. <input checked="" type="checkbox"/> Screen: Manufacturer's name _____<br><b>W.A. Brown</b><br>Type <b>steel</b> Dia. <b>12 3/4 in/</b><br>Slat/gauze <b>1/4</b> Length <b>20 ft.</b><br>Set between <b>120</b> ft. and <b>190</b> ft.<br>_____ ft. and _____ ft.<br>Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 down</b>   |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
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|   |                    | 12. Pumping level below land surfaces:   | mo./day/yr.   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| _____ ft. after _____ hrs. pumping _____ g.p.m.   |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| _____ ft. after _____ hrs. pumping _____ g.p.m.   |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
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|   |                    | 14. Well head completion:  | mo./day/yr.   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| <input type="checkbox"/> Pitless adapter _____ Inches above grade   |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
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|   |                    | 16. Nearest source of possible contamination:  | mo./day/yr.   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| ft. _____ Direction _____ Type _____  |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| Well disinfected upon completion? _____ Yes _____ No  |                    |  |   |  |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |
| 18. Elevation:  |                    | 19. Remarks:   |   | 20. Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>Agua Well Drilling 281</b><br>Business name _____ License No. _____<br>Address <b>Gove, Ks. 67736</b><br>Signed <b>J. M. Tuttle</b> Date <b>6-20-77</b><br>Authorized representative |  |  |           |  |          |   |                         |           |            |             |            |            |                                     |            |            |   |  |  |

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

Form WWC-5