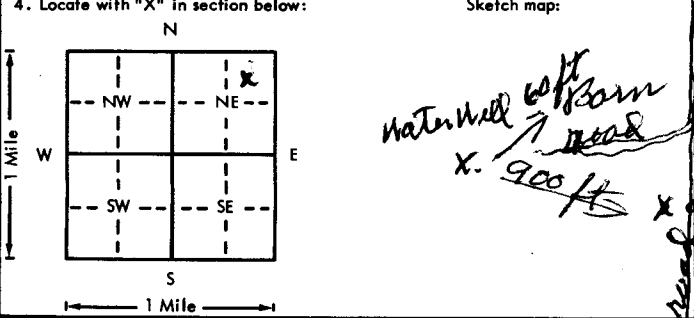


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <u>Ellis</u> <u>Hamilton</u>		Fraction <u>C 1/4 NE 1/4 NE 1/4</u>		Section number <u>20</u>		Township number T <u>11</u> S		Range number R <u>19</u> E <u>(W)</u>	
2. Distance and direction from nearest town or city: <u>From Ellis, Ks</u> Street address of well location if in city: <u>11-N-7 E - 1/4 S</u>				3. Owner of well: <u>A. J. Viles Estate</u> R.R. or street <u>(Penter) Adair Brack</u> City, state, zip code: <u>105E 4th St, Ellis, Ks 67637</u>					
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>10</u> in. Completion date <u>3-20-77</u> Well depth <u>43</u> ft.					
5. Type and color of material				From		To		7. <input checked="" 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>Topsoil</u>				<u>0</u>		<u>10</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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<u>Silty grayish Brown soil</u>				<u>10</u>		<u>17</u>		9. Casing: Material <u>OTC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>old</u> Surface <u>24</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>23</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No <u>4 in</u>	
<u>V F Sand (grayish)</u>				<u>17</u>		<u>20</u>		10. Screen: Manufacturer's name <u>Jess Laurel</u> Type <u>RMP</u> Dia. <u>5</u> <u>Slot/gauze</u> Length <u>20</u> Set between <u>23</u> ft. and <u>43</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8 - 1/4</u>	
<u>Med. to C Red sand</u>				<u>20</u>		<u>27</u>		11. Static water level: _____ mo./day/yr. <u>22</u> ft. below land surface Date <u>3-20-77</u>	
<u>V coarse sand with white gravel</u>				<u>27</u>		<u>41</u>		12. Pumping level below land surfaces: <u>23</u> ft. after <u>2</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ <u>12</u> g.p.m.	
<u>Blue to dark shale</u>				<u>41</u>		<u>43</u>		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
								14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>12</u> ft.	
								16. Nearest source of possible contamination: ft. <u>60</u> Direction <u>NW</u> Type <u>Barn</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 checked="" type="checkbox"/> Pump <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input checked="" type="checkbox"/> <u>Jess Engine</u> <input type="checkbox"/> Other	
(Use a second sheet if needed)									
18. Elevation:		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. <u>276</u> <u>Luna Water Well Drilling</u> <u>374</u> Business name _____ License No. _____ Address <u>503 Mansel</u> Signed <u>John Luna</u> Date <u>4-15-77</u> Authorized representative					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley									

11-19-20 C NE NE  
R  
Sec  
1/4 1/4 1/4

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

Form WWC-5