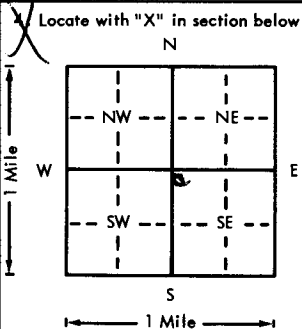


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 Ellis	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 26	Township number T 11 S	Range number R 19 E
2. Distance and direction from nearest town or city: 7 N 4 W Street address of well location if in city: 1 1/2 N of Hays			3. Owner of well: Art Joy R.R. or street: 2108 Walnut City, state, zip code: Hays, Kansas 67601		
X Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 8 in. Completion date 7/16/76 Well depth 80 ft.		
			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		
			8. Use: <input checked="" 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		
			X Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 310 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 80 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 258		
5. Type and color of material			From	To	
Topsoil			0	6	
Soft White Rock			6	34	
Fine Sand			34	60	
Blue Shale			60	80	
					10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" Slot/gauze <input checked="" type="checkbox"/> Length 10' Set between 68 ft. and 78 ft. ft. and <input type="checkbox"/> ft. Gravel pack? Yes Size range of material 1/4"
					11. Static water level: <input type="checkbox"/> mo./day/yr. 72 ft. below land surface Date 7/16/76
					12. Pumping level below land surfaces: 74 ft. after 1 hrs. pumping 8 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 8 g.p.m.
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter 10 inches above grade
					X Well grouted? Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 2 ft. to 10 ft.
					16. Nearest source of possible contamination: None ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? Yes Yes <input type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	None		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Karst Water Well 199A Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address E Hwy 40 Hays Signed SM B Karst Date 7/16/76 Authorized representative		

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

Form WWC-5