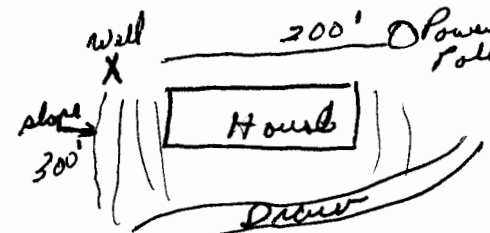


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Howe</u>		Fraction <u>SE 1/4 NE 1/4 NE 1/4</u>		Section number <u>7</u>		Township number T <u>11</u> S		Range number R <u>26</u> E <u>10</u>					
X Distance and direction from nearest town or city: Street address of well location if in city: <u>2W, 1 1/2 N of Quinton</u>				3. Owner of well: <u>Richard Rinser</u> R.R. or street: City, state, zip code: <u>Quinton, Kansas</u>									
4. Locate with "X" in section below: N W E S 1 Mile				Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>6-17-80</u> Well depth <u>128</u> ft.							
5. Type and color of material				From		To		7. 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>Top soil</u>				<u>0</u>		<u>7</u>		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					
<u>S. Clay</u>				<u>7</u>		<u>15</u>		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>6</u> in. to _____ ft. depth Wall Thickness: inches or Dia. <u>6</u> in. to <u>128</u> ft. depth gage No. <u>20016</u>					
<u>Gravel</u>				<u>15</u>		<u>23</u>		10. Screen: Manufacturer's name <u>Jess Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8-1/16</u> Length <u>8'</u> Set between <u>130</u> ft. and <u>128</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>18-24</u> ft.					
<u>S clay</u>				<u>23</u>		<u>27</u>		11. Static water level: _____ mo./day/yr. <u>85</u> ft. below land surface Date <u>6-17-80</u>					
<u>M gravel</u>				<u>27</u>		<u>36</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>15</u> g.p.m.					
<u>Sandy Clay</u>				<u>36</u>		<u>60</u>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
<u>F sand</u>				<u>60</u>		<u>76</u>		14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade					
<u>S clay</u>				<u>76</u>		<u>117</u>		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>7</u> ft. to <u>14</u> ft.					
<u>M. Gravel</u>				<u>117</u>		<u>121</u>		16. Nearest source of possible contamination: ft. <u>300</u> Direction <u>S</u> Type <u>Draw</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<u>Sandstone</u>				<u>121</u>		<u>125</u>		17. Pump: _____ Not installed Manufacturer's name <u>Shultz</u> Model number <u>136M</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>110</u> ft. capacity <u>13</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
<u>Sandstone Rock</u>				<u>125</u>		<u>126</u>		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>Sumner, KS</u> Signed <u>Joseph Belmer</u> Date <u>6-15-80</u> Authorized representative					
<u>Chert</u>				<u>126</u>		<u>128</u>							
(Use a second sheet if needed)													
18. Elevation:		19. Remarks:											
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley													

T-26E-7
R
S
W
E
1/4
1/4
1/4

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

Form WWC-5