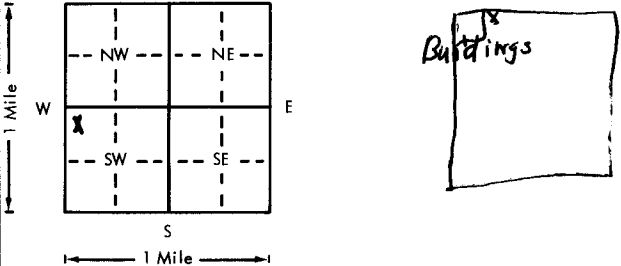


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

Rufas

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 Gove	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 23	Township number T 11 S	Range number R 27 E																						
2. Distance and direction from nearest town or city: Street address of well location if in city:		3 West 1/2 North of Quinter		3. Owner of well: R.W. Jamison R.R. or street: Quinter, Ks. City, state, zip code:																								
4. Locate with "X" in section below:		Sketch map: 			6. Bore hole dia. 8 in. Completion date _____ Well depth 135 ft. 3/20/76																							
5. Type and color of material		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Material</th> <th style="width:10%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr> <td>gallala formation</td> <td></td> <td></td> </tr> <tr> <td>silt + clay</td> <td>0</td> <td>60</td> </tr> <tr> <td>sandstone + clay</td> <td>60</td> <td>100</td> </tr> <tr> <td>sand + gravel</td> <td>100</td> <td>120</td> </tr> <tr> <td>clay + sand</td> <td>120</td> <td>135</td> </tr> <tr> <td>yellow clay</td> <td>135</td> <td></td> </tr> </tbody> </table>			Material	From	To	gallala formation			silt + clay	0	60	sandstone + clay	60	100	sand + gravel	100	120	clay + sand	120	135	yellow clay	135		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		
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		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			9. Casing: Material plastic Height: above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 5 1/8 ft. depth 135 ft. Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____																							
		10. Screen: Manufacturer's name _____ Peerless Plastics Type PVC Dia. 5 in. Slot/gauze 1/4 Length 20 ft. Set between 120 ft. and 135 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4 down			11. Static water level: _____ mo./day/yr. 25 ft. below land surface Date 3/20/76																							
		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____																							
		14. Well head completion: _____ Pitless adapter _____ Inches above grade			15. Well grouted? <input checked="" type="checkbox"/> With clay cement _____ Bentonite _____ Concrete _____ Depth: From 0 ft. to 20 ft.																							
		16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ 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																							
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. Aqua Well Drilling 281 Business name _____ License No. _____ Address Gove, Ks. 67736 Signed J M Tuttle Date 6-20-77 Authorized representative																							

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

Form WWC-5