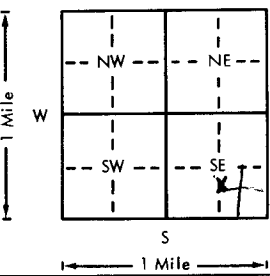


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Gove	Fraction NW 1/4 SE 1/4 SE 1/4	Section number 15	Township number T 11	Range number S R 29	DRL (EW)
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Delmar Gillespie R.R. or street: City, state, zip code: Grainfield, Ks. 67737			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 			
5. Type and color of material			From	To	6. Bore hole dia. 19 in. Completion date _____ Well depth 126 . 12/18/75	
Silt + clay			0	27	7. <input 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 checked="" type="checkbox"/> Reverse rotary	
Sandstone + clay			27	78	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
Sand + gravel some clay			78	126	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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	
Yellow clay			126		Casing: Material CPAS Height: 12 or below Threaded _____ Welded clamp Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 12 in. to 126 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
					10. Screen: Manufacturer's name Johnson Well Casing Type cement asbestos Dia. 12 in. Slot/gauze 3/16 Length 13 ft. Set between 74 ft. and 126 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 down	
					11. Static water level: 74 ft. below land surface Date 12/18/75 mo./day/yr.	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 300 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
					<input checked="" type="checkbox"/> Well grouted? cement slab With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
					<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
					(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. Aqua Well Drilling 281 Business name License No. Address Gove, Ks. 67736 Signed J M Hittle Date 6-20 Authorized representative 77			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5