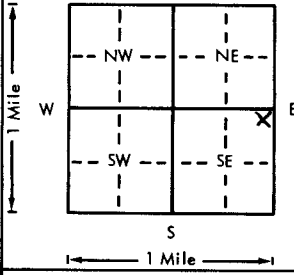


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Ottawa</u>	Fraction <u>NE_{1/4} NE_{1/4} SE_{1/4}</u>	Section number <u>23</u>	Township number T <u>12</u>	Range number S R <u>2W</u> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>NE part of Verdi no street name</u>			3. Owner of well: <u>Jerry Gebhart</u> R.R. or street: <u>Rt. 2</u> City, state, zip code: <u>Solomon Ks 67480</u>		
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. <u>6</u> in. Completion date Well depth <u>51</u> ft. <u>4-12-77</u>
<u>Alluvium:</u>					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 type="checkbox"/> Reverse rotary
<u>Silt, sandy tan</u>			<u>0</u>	<u>17</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>Sand, fine, silty</u>			<u>17</u>	<u>45</u>	9. Casing: Material <u>Plastic</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>51</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>Sh 40</u>
<u>Sand, fine to medium</u>			<u>45</u>	<u>51</u>	10. Screen: Manufacturer's name <u>shop</u> Type <u>slots</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>3'</u> Set between <u>48</u> ft. and <u>51</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/10"</u>
<u>Wellington:</u>					11. Static water level: _____ mo./day/yr. <u>24</u> ft. below land surface Date <u>4-12-77</u>
<u>Shale, red, gray & gypsum</u>			<u>51</u>	<u>53</u>	12. Pumping level below land surfaces: <u>33</u> ft. after <u>42</u> hrs. pumping <u>30</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade
					15. Well grouted? <u>Y</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.
					16. Nearest source of possible contamination: ft. <u>10'</u> Direction <u>S</u> Type <u>garden</u> Well disinfected upon completion? <input checked="" 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: <u>~1198</u>	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>Hydronics Drilling Co 126</u> Business name _____ License No. _____ Address <u>Solomon Ks</u> Signed <u>O. J. Feist</u> Date <u>5-27-77</u> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley					

12-20-23 NE NE SE

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

Form WWC-5