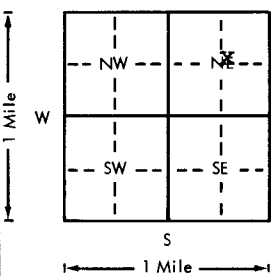


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: <u>above</u>	County Gove	Fraction SW 1/4 NE 1/4 NE 1/4	Section number 8	Township number T 12 S	Range number R 26	DRL E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: Kirby Leland R.R. or street: Quinter, Ks. 67752 City, state, zip code:			
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>8</u> in. Completion date _____ Well depth <u>49</u> ft. <u>4/7/78</u>	
clay and silt			0	30	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	
sand			30	47	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	
yellow shale			47	49	9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>49</u> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth gage No. <u>250</u>	
					10. Screen: Manufacturer's name _____ <u>Peerless Plastics</u> Type <u>pvc</u> Dia. <u>5 in.</u> Slot/gauze <u>1/16</u> Length <u>10 ft.</u> Set between <u>39</u> ft. and <u>49</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4</u> down	
					11. Static water level: _____ mo./day/yr. <u>32</u> ft. below land surface Date <u>4/7/78</u>	
					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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With <u>clay</u> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>5</u> ft.	
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> 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	
(Use a second sheet if needed)						
18. Elevation: Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	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>Aqua Well Drilling 281</u> Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>M. Jutte</u> Date <u>5-78</u> Authorized representative			

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

Form WWC-5