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

WATER WELL RECORD
KSA 82a-1201-1215

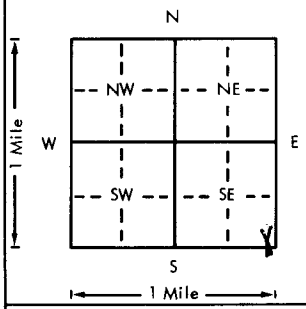
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Gove	SE 1/4 SE 1/4 SE 1/4	21	T 12 S	R 27 E (W)

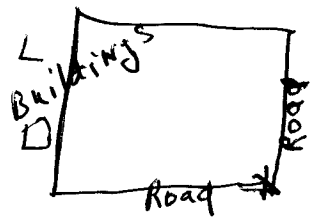
2. Distance and direction from nearest town or city: 5 South 3 west
Street address of well location if in city: of Quinter

3. Owner of well: Elvin Tuttle
R.R. or street:
City, state, zip code: Quinter, Ks. 67752

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
Silt + clay	0	70
Sand + gravel with Rock layers yellow clay (chert)	70	96
	96	

(Use a second sheet if needed)

6. Bore hole dia. 14 in. Completion date
Well depth 96 ft. 7/23/75

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material steel
Threaded ___ Welded X
RMP ___ PVC ___
Dia. 8 in. to 96 ft. depth
Dia. ___ in. to ___ ft. depth
Height: Above or below Surface 12 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. 7ga

10. Screw: Manufacturer's name W.A. Brown
Type steel Dia. 8 in
Slot/gauze ___ Length 20 ft
Set between ___ ft. and ___ ft.
76 ft. and 96 ft.
Gravel pack? X Size range of material ½ down

11. Static water level:
65 ft. below land surface Date 7/23/75 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 100 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
___ Pitless adapter ___ Inches above grade
X Well grouted? ___ cement slab
With: ___ Neat cement ___ Bentonite ___ Concrete
Depth: From ___ ft. to ___ ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

T R E W Sec 1/4 1/4 1/4

18. Elevation:

Topography:
___ Hill
___ Slope
✓ Upland
___ 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.
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

MI-1023