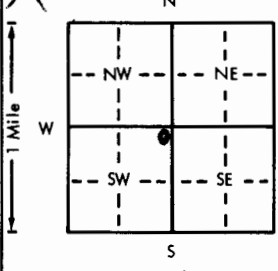
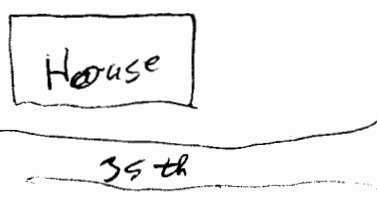


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Ellis</u>		Section <u>SW</u> NE 1/4 NE 1/4 SE 1/4		Section number <u>28</u>	Township number <u>13</u> S R <u>18</u> E W <u>1</u>	Range number
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>203 W 35</u>				3. Owner of well: <u>Rich Neil</u> R.R. or street: <u>203 W 35</u> City, state, zip code: <u>Hays, KS</u>		
<input checked="" type="checkbox"/> Locate with "X" in section below: 		Sketch map: <u>well</u>		6. Bore hole dia. <u>9</u> in. Completion date <u>4-21-75</u> Well depth <u>49</u> ft.		
				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		
5. Type and color of material		From	To	8. Use: <input 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 checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<u>Yellow fill dirt</u>		<u>0</u>	<u>4</u>	<input checked="" type="checkbox"/> Casing: Material <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>13</u> in. RMP <input type="checkbox"/> 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>258</u>		
<u>Top soil</u>		<u>4</u>	<u>8</u>	10. Screen: Manufacturer's name <u>ET Stryker</u> Type <u>PVC</u> Dia. <u>5"</u> <input checked="" type="checkbox"/> Slot gauze Length <u>10'</u> Set between <u>38</u> ft. and <u>48</u> ft. _____ ft. and _____ ft.		
<u>sub soil</u>		<u>8</u>	<u>21</u>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/2</u>		
<u>Brown clay</u>		<u>21</u>	<u>35</u>	11. Static water level: _____ mo./day/yr. <u>44</u> ft. below land surface Date <u>4-21-75</u>		
<u>med sand</u>		<u>35</u>	<u>36</u>	12. Pumping level below land surfaces: <u>45</u> ft. after <u>1</u> hrs. pumping <u>5</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
<u>yellow shale</u>		<u>36</u>	<u>47</u>	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
<u>blue shale</u>		<u>47</u>	<u>49</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>13</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>1</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100'</u> Direction _____ Type _____ 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		
				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>Kent Waters Well</u> 1975 Business name _____ License No. _____ Address <u>6 Hiway 48 Hays, KS</u> Signed <u>W. B. Kay</u> Date <u>4-21-75</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input 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