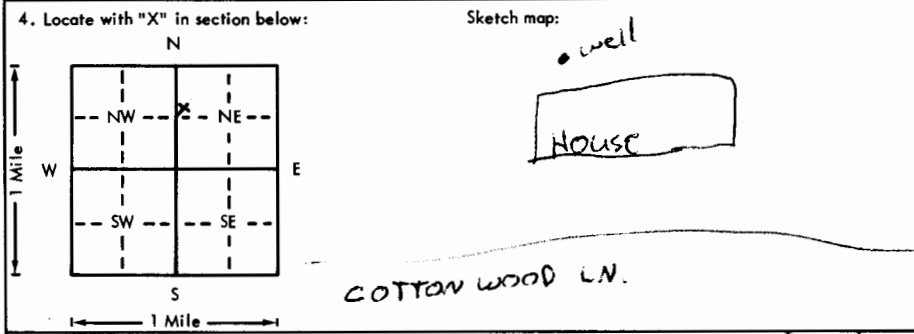


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 ELLIS | Fraction SW 1/4 NW 1/4 E 1/4 | Section number 28 | Township number T 13 S R | Range number 18 E (W) |
| 2. Distance and direction from nearest town or city: Street address of well location if in city: 2707 Cottonwood lane | | | 3. Owner of well: Tony Good R.R. or street: 2707 Cottonwood lane City, state, zip code: HAYS, KS. 67601 | | |
| 4. Locate with "X" in section below: N W E S 1 Mile Sketch map:  | | | 6. Bore hole dia. 9 in. Completion date 9/19/77 Well depth 85 ft. | | |
| 5. Type and color of material | | | 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 | | |
| | | | 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 | | |
| | | | 9. Casing: Material <input type="checkbox"/> Thru <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input type="checkbox"/> PVC <input type="checkbox"/> Dia. 5 in. to 85 ft. depth Height: (Above) or below Surface 14 in. Weight _____ lbs./ft. Wall Thickness: inches or _____ gage No. 1140 RSL | | |
| | | | 10. Screen: Manufacturer's name Jet Stream Type PVC Dia. 5" Slot/gauze 0.21 Length 10 Set between 75 ft. and 85 ft. Gravel pack? YES Size range of material 1/4-1/8 | | |
| | | | 11. Static water level: _____ ft. below land surface Date 9/19/77 mo./day/yr. | | |
| | | | 12. Pumping level below land surfaces: 62 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. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____ | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter 14 Inches above grade | | |
| | | | 15. Well grouted? YES With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From TOP ft. to 10 ft. | | |
| | | | 16. Nearest source of possible contamination: none ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | 17. Pump: _____ Not installed Manufacturer's name EFW Model number _____ HP 3/4 Volts 230 Length of drop pipe 80 ft. capacity _____ g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ 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. KARST WATER WELL DRILLING Business name _____ License No. 199A Address Highway 40 Signed MD. Karst Date 9-19-77 Authorized representative | | |
| 18. Elevation: | | 19. Remarks: JAN 1 DIVISION OF ENVIRONMENTAL HEALTH & EG. SEC. | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | |

T 13 R 18 E 28 S 1/4 1/4 1/4 S 1/4 W 1/4 E

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

Form WWC-5