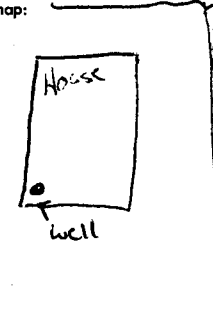


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>	Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section number <u>29</u>	Township number <u>T 13</u>	Range number <u>S R 18</u>	<u>EW</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3302 Thunderbird</u>			3. Owner of well: <u>Henry Schwaller</u> R.R. or street: <u>3302 Thunderbird</u> City, state, zip code: <u>Hays KS</u>			
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>7-25-77</u> Well depth <u>92</u> ft.	
5. Type and color of material			From	To	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>Blue shale</u>			<u>0</u>	<u>4</u>	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>Brown clay</u>			<u>4</u>	<u>46</u>	9. Casing: Material <input type="checkbox"/> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> <u>91</u> Surface <u>76</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>92</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>160 PSI</u>	
<u>Fine sand mixed with clay</u>			<u>46</u>	<u>52</u>	10. Screen: Manufacturer's name <u>Tet Stream</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze _____ Length <u>10'</u> Set between <u>82</u> ft. and <u>92</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/8</u>	
<u>Fine to medium sand</u>			<u>52</u>	<u>87</u>	11. Static water level: _____ mo./day/yr. <u>55</u> ft. below land surface Date <u>7-25-77</u>	
<u>Blue shale</u>			<u>87</u>	<u>92</u>	12. Pumping level below land surfaces: <u>62</u> ft. after <u>2</u> hrs. pumping <u>70</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>70</u> 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 <u>16</u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> <u>YES</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>9</u> ft.	
					16. Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: Manufacturer's name <u>FTW</u> Not installed Model number _____ HP <u>3</u> Volts <u>230</u> Length of drop pipe <u>75</u> ft. capacity <u>70</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					18. Elevation:	
					19. Remarks: <input checked="" type="checkbox"/> 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>KARST WATER Well Dril</u> Business name _____ License No. _____ Address <u>Highway 40 Hays</u> _____ Signed <u>M.D. Kow</u> _____ Date <u>7-25-77</u> Authorized representative	

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

Form WWC-5