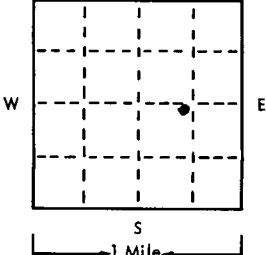


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215
NE NW SE

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County <i>Ellis</i>	Township name <i>Big Creek</i>	Fraction NE NW <i>S.E. 1/4</i>	Section number <i>29</i>	Town number <i>T13S</i>	Range number <i>R18W</i>
Distance and direction from nearest town or city: Street address of well location if in city: <i>1110 country club dr. Hays, Ks.</i>			3 Owner of well: <i>Norbert Neuburger</i> Address: <i>1110 country club dr. Hays, Kansas</i>			
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <i>78</i> ft. Date of completion: <i>4-28-75</i> Well diameter <i>10</i> in.
2			Type and color of material			5 <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
			From	To	6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> <i>Lawn</i>	
<i>Black dirt</i>			<i>0</i>	<i>12</i>	7 Casing: Material <i>Plastic</i> Height: <i>above</i> below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. Diam. <i>screws</i> Weight _____ lbs./ft. _____ <i>5</i> in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>58</i> in. to <i>58</i> ft. depth <i>200-135-4 1/8</i>	
<i>Black dirt mixed with Yellow Sand</i>			<i>12</i>	<i>56</i>	8 Screen: Manufacturer: <i>Jaco + Lowell</i> Type <i>Plastic</i> Dia. <i>5</i> Slot/gauze <i>1/16</i> Length <i>20 ft</i> Set between <i>58</i> ft. and <i>78</i> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <i>1/8 - 3/8</i>	
<i>Red fine sand</i>			<i>56</i>	<i>60</i>	9 Static water level: <i>51</i> ft. below land surface Date <i>4-28-75</i>	
<i>Red coarse sand mixed with gravel 1/4"</i>			<i>60</i>	<i>75</i>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <i>8</i> g.p.m.	
<i>Shale (blue)</i>			<i>75</i>	<i>78</i>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter <i>12</i> Inches above grade	
					13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <i>0</i> ft. to <i>10</i> ft.	
					14 Nearest source of possible contamination: ft. <i>14</i> Direction <i>East</i> Type <i>sewer line</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					15 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	
16 Remarks: elevation			17 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. <i>Luna Water Well Drilling</i> Business name _____ License No. _____ Address: <i>503 manual</i> _____ Signed: <i>John Luna</i> _____ Date _____ Authorized representative <i>Ellis, Kansas</i>			

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5