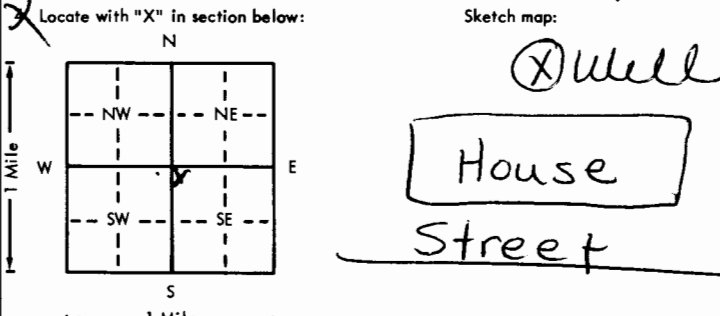


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>ELLIS</b> Fraction <b>NW 1/4 NW 1/4 SE 1/4</b> Section number <b>34</b> Township number <b>T 13 S R 18</b> Range number <b>EW</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1330 Felten</b>	
3. Owner of well: <b>Harold Craven</b> R.R. or street: <b>1330 Felten</b> City, state, zip code: <b>Hays, Kansas 67601</b>	
4. Locate with "X" in section below: <span style="float:right">Sketch map:</span> 	
5. Type and color of material	
	From To
<b>Topsoil</b>	<b>0 4</b>
<b>Brown Clay</b>	<b>4 32</b>
<b>Fine to Medium Sand</b>	<b>32 44</b>
<b>Blue shale</b>	<b>44 47</b>
6. Bore hole dia. <b>9</b> in. Completion date <b>5/20/76</b> Well depth <b>47</b> 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	
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>20</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>47</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>2258</b>	
10. Screen: Manufacturer's name <b>Jet Stream</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>10'</b> Length <b>10'</b> Set between <b>37</b> ft. and <b>47</b> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/4"</b>	
11. Static water level: <b>32</b> ft. below land surface Date <b>5/20/76</b> mo./day/yr.	
12. Pumping level below land surfaces: <b>33</b> ft. after <b>1</b> hrs. pumping <b>10</b> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>20</b> Inches above grade	
15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>2</b> ft. to <b>10</b> ft.	
16. Nearest source of possible contamination: <b>None</b> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>F&amp;W</b> Model number <b>SBAX</b> HP <b>1/2</b> Volts <b>220</b> Length of drop pipe <b>42</b> ft. capacity <b>10</b> 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	
(Use a second sheet if needed)	
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>None</b>
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. <b>Karst Water Well 199A</b> Business name <b>E Hwy, Hays, Ka</b> License No. <input type="checkbox"/> Address <b>915 Road</b> Date <b>5/20/76</b> Signed <b>[Signature]</b> Authorized representative	

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

Form WWC-5