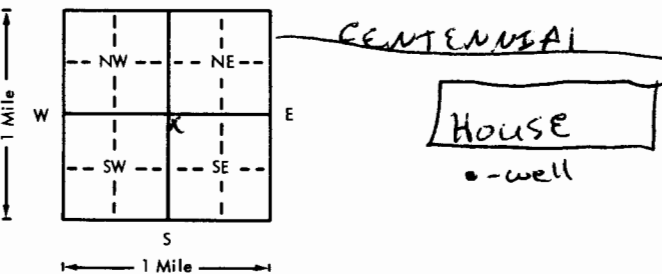


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NW 1/4 NW 1/4 SE 1/4</u> Section number <u>34</u> Township number <u>T 13</u> Range number <u>S R 18</u> <span style="float:right;">E/W</span>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>Slime</u> 3. Owner of well: <u>Allen Brungardt</u> R.R. or street: <u>2212 Centennial</u> City, state, zip code: <u>HAYS, KS.</u>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<u>Top soil</u>	<u>0</u> <u>2</u>
<u>Brown clay</u>	<u>2</u> <u>34</u>
<u>Fine to medium sand</u>	<u>34</u> <u>43</u>
<u>Blue shale</u>	<u>43</u> <u>47</u>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. <u>9</u> in. Completion date <u>10/21/77</u> Well depth <u>47</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	
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 <u>PVC</u> Height: <u>Above</u> or below <u>Surface</u> Threading: <u>Welded</u> <u>4</u> in. Surface <u>14</u> in. RMP: <u>PVC</u> <u>4</u> Weight <u>160 lbs./ft.</u> Dia. <u>5</u> in. to <u>47</u> ft. depth <u>X</u> Well Thickness: inches or Dia. <u>5</u> in. to <u>47</u> ft. depth gage No. <u>252</u>	
10. Screen: Manufacturer's name <u>Jet stream</u> Type <u>PVC</u> Dia. <u>5"</u> (lot) gauze <u>10'</u> Length <u>10'</u> Set between <u>37</u> ft. and <u>47</u> ft. <u>ft.</u> and <u>ft.</u> Gravel pack? <u>yes</u> Size range of material <u>1/4 - 1/8</u>	
11. Static water level: <u>34</u> ft. below land surface Date <u>10/21/77</u> mo./day/yr.	
12. Pumping level below land surfaces: <u>34</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u>ft.</u> after <u>hrs.</u> pumping <u>g.p.m.</u> Estimated maximum yield <u>10</u> g.p.m.	
13. Water sample submitted: <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> Date <u>mo./day/yr.</u>	
14. Well head completion: <u>Pitless adapter</u> <u>14</u> inches above grade	
15. Well grouted? <u>yes</u> With: <u>Neat cement</u> <u>Bentonite</u> <input checked="" type="checkbox"/> <u>Concrete</u> Depth: From <u>Top</u> ft. to <u>10</u> ft.	
16. Nearest source of possible contamination: <u>none</u> ft. <u>Direction</u> <u>Type</u> Well disinfected upon completion? <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	
17. Pump: <input checked="" type="checkbox"/> <u>Not installed</u> Manufacturer's name <u>HP</u> <u>Volts</u> Model number <u>ft.</u> capacity <u>g.p.m.</u> 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>KARST WATER WELL DRILLING</u> Business name <u>HAYWAY RD</u> License No. <u>199A</u> Address <u>10-21</u> Signed <u>Allen Brungardt</u> Date <u>10-21</u> Authorized representative	

T 13 R 18 E S 34 NW/4 SE

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

Form WWC-5