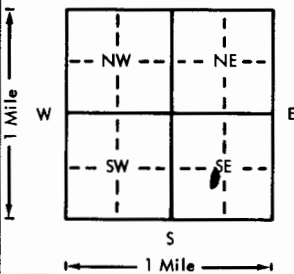



USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SE</u> <u>NE 1/4 SW 1/4</u>		Section number <u>34</u>		Township number T <u>13</u> S R <u>18</u> E <u>W</u>		Range number <u>18</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1316 E 17th</u>				3. Owner of well: <u>Vernie Koerner</u> R.R. or street: <u>1316 E 17th</u> City, state, zip code: <u>Hays Ks</u>					
<input checked="" type="checkbox"/> Locate with "X" in section below: 			Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date <u>5-21-75</u> Well depth <u>63</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: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>10</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>63</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. <u>258</u>									
5. Type and color of material					From	To	10. Screen: Manufacturer's name <u>Jet Stream</u>		
<u>Top soil</u>					0	4	Type <u>PVC</u> Dia. <u>5"</u>		
<u>subsoil</u>					4	14	Slot/gauze _____ Length <u>10'</u>		
<u>brown clay</u>					14	37	Set between <u>52</u> ft. and <u>63</u> ft.		
<u>med sand</u>					37	60	Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/2</u>		
<u>blue shale</u>					60	63	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date <u>5-21-75</u>		
12. Pumping level below land surfaces: <u>22</u> ft. after <u>1</u> hrs. pumping <u>18</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>10</u> g.p.m.									
13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____									
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade									
<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>2</u> ft. to <u>10</u> ft.									
<input checked="" type="checkbox"/> Nearest source of possible contamination: <u>none</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
17. Pump: Not installed Manufacturer's name <u>RED JACKET</u> Model number <u>DUCTOR</u> HP <u>1/2</u> Volts <u>220</u> Length of drop pipe <u>58</u> ft. capacity <u>10</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:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley									
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>Fast Water Well</u> 1997 Business name _____ License No. _____ Address <u>E 10th St 40</u> Signed <u>M B Kant</u> Date <u>5-21-75</u> Authorized representative									

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

Form WWC-5