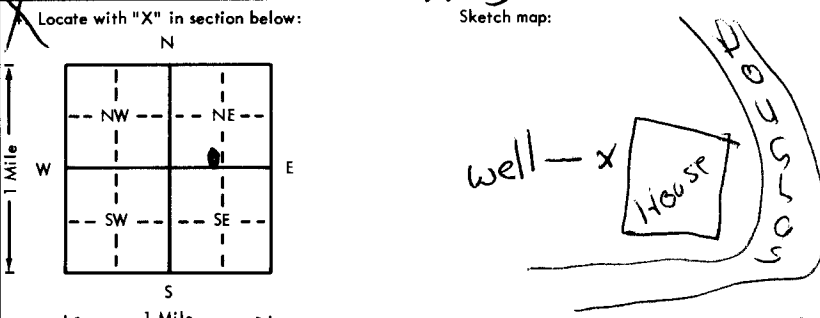


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SE 1/4 SW 1/4 NE 1/4</b> Section number <b>34</b> Township number <b>T 13 S R 18 E W</b> Range number	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1701 Haney</b> City, state, zip code: <b>Hays KS 67661</b>	
3. Owner of well: <b>Charles Giebler</b> R.R. or street: <b>1701 Douglas</b>	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; justify-content: space-around; align-items: center;">  </div>	
6. Bore hole dia. <b>9</b> in. Completion date <b>1-8-75</b> Well depth <b>63</b> ft.	
7. 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 <b>PVC</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>15</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>63</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>258</b>	
5. Type and color of material	10. Screen: Manufacturer's name <b>Jet Stream</b>
<b>Top soil</b>	Type <b>PVC</b> Dia. <b>5"</b>
<b>sub soil</b>	Slot gauge _____ Length <b>10'</b>
<b>brown clay</b>	Set between <b>52</b> ft. and <b>62</b> ft.
<b>brown clay w/sand</b>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 x 1/2</b>
<b>gravel</b>	11. Static water level: _____ mo./day/yr. <b>43</b> ft. below land surface Date <b>1-8-75</b>
<b>blue shale</b>	12. Pumping level below land surfaces: <b>44</b> ft. after <b>1</b> hrs. pumping <b>19</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>19</b> g.p.m.
	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
	14. Well head completion: <input type="checkbox"/> Pitless adapter <b>15</b> 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 <b>1</b> ft. to <b>10</b> ft.
	16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <b>F+W</b> Model number <b>LSBKA</b> HP <b>1</b> Volts <b>230</b> Length of drop pipe <b>58</b> ft. capacity <b>20</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:	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>Parst Water Well 199A</b> Business name _____ License No. _____ Address <b>2 Hiway 40</b> Signed <b>M. B. K...</b> Date <b>1-8-75</b> Authorized representative
19. Remarks:	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	

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

Form WWC-5