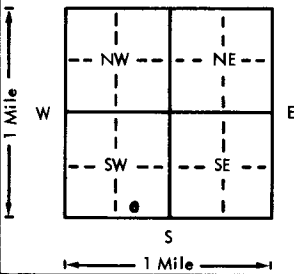
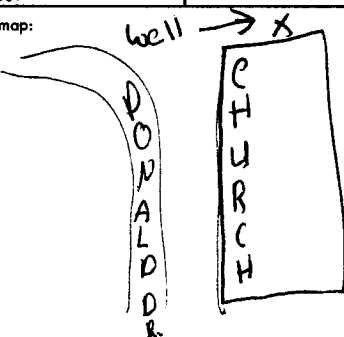


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Ellis	Fraction SW 1/4 SE 1/4 SW 1/4	Section number 34	Township number T 13 S R 18 E	Range number 18
2. Distance and direction from nearest town or city: Street address of well location if in city: 2200 Donald				3. Owner of well: First Assembly of God R.R. or street: 2200 Donald Dr City, state, zip code: Hays Ks		
<input checked="" type="checkbox"/> Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <u> </u> in. Completion date 6-11-75 Well depth 64 ft.		
5. Type and color of material		From	To	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		
0 Top soil sub soil brown clay fine sand med sand blue shale		0	5	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 PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>7</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>5</u> in. to <u>64</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gage No. <u>258</u>		
				10. Screen: Manufacturer's name <u>Jet Stream</u> Type PVC Dia. <u>5"</u> Slot/gauze <u> </u> Length <u>10</u> Set between <u>54</u> ft. and <u>64</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/2</u>		
				11. Static water level: <u> </u> mo./day/yr. <u>50</u> ft. below land surface Date 6-11-75		
				12. Pumping level below land surfaces: <u>54</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.		
				13. Water sample submitted: <u> </u> mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <u> </u>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>7</u> 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>1</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>NONE</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <u> </u> Not installed Manufacturer's name FTW Model number GRAB HP <u>1/2</u> Volts <u>20</u> Length of drop pipe <u>59</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:		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. Kent Water Well 199A Business name <u> </u> License No. <u> </u> Address E. Wray 40 Signed M. B. G. G. Date 6-11-75 Authorized representative		
Topography: <input type="checkbox"/> Hill <input 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