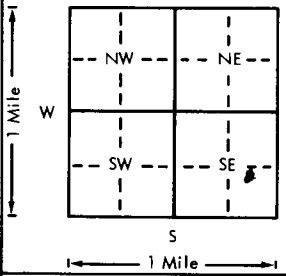


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>NENE SE</u> <u>NE</u> 1/4 <u>SE</u> 1/4 <u>SE</u> 1/4		Section number <u>34</u>		Township number <u>T 13 S</u>		Range number <u>R 18 E</u>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>1722 Douglas Dr. Hays Ks.</u>				3. Owner of well: <u>Ernie Schmidt</u> R.R. or street: <u>1722 Douglas Dr.</u> City, state, zip code: <u>Hays, Kansas 27659</u>					
4. Locate with "X" in section below: Sketch map: 				6. Bore hole dia. <u>10</u> in. Completion date <u>July 30 '79</u> Well depth <u>64</u> 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	
								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	
Top soil				0		4		9. Casing: Material <u>Pls</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>glu</u> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>44</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>44m</u>	
Clay (Brown)				4		50		10. Screen: Manufacturer's name <u>Jays & Howell</u> Type <u>Pls</u> Dia. <u>5</u> Slot/gauze <u> </u> Length <u>20</u> Set between <u>44</u> ft. and <u>64</u> ft. <u> </u> ft. and <u> </u> ft.	
Sand (C) S. m/ W. gravel				50		62		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/16 to 2/8</u>	
Shale (Blue)				62		64		11. Static water level: <u>38</u> ft. below land surface Date <u>July 30 '79</u> mp./day/yr.	
								12. Pumping level below land surfaces: <u>40</u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>15</u> g.p.m.	
								13. Water sample submitted: <u> </u> mb./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u> </u>	
								14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>17</u> ft.	
								16. Nearest source of possible contamination: ft. <u>30</u> Direction <u>North</u> Type <u>city sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </u> g.p.m. 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	
(Use a second sheet if needed)									
18. Elevation:		19. Remarks: <u>no pumps installed</u>				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>Lucia Water Well Drlg.</u> Business name License No. <u> </u> Address <u>503 Monroe Ellis 276</u> Signed <u>John Lucia</u> Date <u>8-27-79</u> Authorized representative			

T 13 S R 18 E Sec 34 NE SE SW SE

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

Form WWC-5