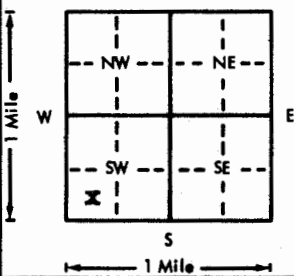


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 Trego	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 3	Township number T 13 S	Range number R 25 E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: Collyer			3. Owner of well: R.J. Ziegler R.R. or street: Collyer, Ks. 67631 City, state, zip code:		
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>6</u> in. Completion date _____ Well depth <u>95</u> ft. <u>7/21/77</u>		
5. Type and color of material			7. Cable tool <input checked="" type="checkbox"/> Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____		
silt and clay			8. Use: _____ Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning <input checked="" type="checkbox"/> Stock _____ Lawn _____ Oil field water _____ Other _____		
fine sand			9. Casing: Material <u>plastic</u> Height <u>above</u> below _____ Threaded _____ Welded <u>pl</u> Surface <u>12</u> in. _____ RMP _____ PVC _____ Weight _____ lbs./ft. _____ Dia. <u>5</u> in. to <u>95</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>250</u>		
yellow clay			10. Screen: Manufacturer's name _____ <u>Valley Steel</u> Type <u>PVC</u> Dia. <u>5 in.</u> Slot/gauze <u>1/16</u> Length <u>20 ft.</u> Set between <u>75</u> ft. and <u>95</u> ft. _____ ft. and _____ ft. _____ Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>down</u>		
			11. Static water level: _____ mo./day/yr. _____ <u>35</u> ft. below land surface Date <u>7/21/77</u>		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ _____ ft. after _____ hrs. pumping _____ g.p.m. _____ Estimated maximum yield _____ g.p.m. _____		
			13. Water sample submitted: _____ mo./day/yr. _____ Yes <input checked="" type="checkbox"/> No _____ Date _____		
			14. Well head completion: _____ Pitless adapter _____ inches above grade		
			<input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With <u>best</u> cement _____ Bentonite _____ Concrete _____ Depth From <u>0</u> ft. to <u>2</u> ft. _____		
			<input checked="" type="checkbox"/> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No _____		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. _____ Type: _____ Submersible _____ Turbine _____ _____ Jet _____ Reciprocating _____ _____ Centrifugal _____ Other _____		
(Use a second sheet if needed)					
18. Elevation: Topography: <u>hill</u> _____ Slope _____ _____ Upland _____ <input checked="" type="checkbox"/> Valley _____		19. Remarks: <u>SEE RECORD BOOK</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>Acme Well Drilling</u> <u>281</u> Business name _____ License No. _____ Address <u>Collyer, Ks. 67736</u> Signed <u>[Signature]</u> Date <u>7/21/77</u> Authorized representative	

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

Form WWC-5