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

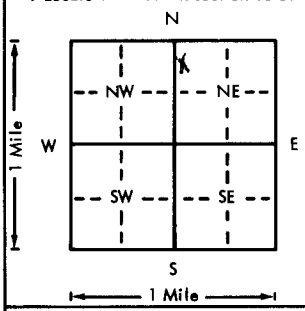
1. Location of well:	County Gove	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 32	Township number T 13 S	Range number R 26 E/W

2. Distance and direction from nearest town or city: 12 south ½ East of Quinter

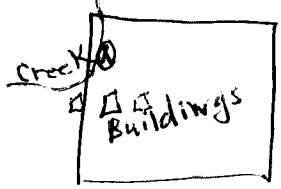
Street address of well location if in city:

3. Owner of well: Albert Tuttle
R.R. or street:
City, state, zip code: Quinter, Ks. 67752

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 19 in. Completion date 6/10/75
Well depth 59 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored X Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

X Casing: Material pvc Height: Above or below
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 12 in. to 59 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. ___

X Screen: Manufacturer's name Peerless Plastics
Type PVC Dia. 12 in.
Slot/gauze 3/16 Length 20 ft.
Set between 30 ft. and 59 ft.
___ ft. and ___ ft.
Gravel pack? X Size range of material ½ down

5. Type and color of material	From	To
Hackberry alluvium		
silt	0	20
Blue Mud	20	30
Sand - gravel with strips	30	59
of Mud		

(Use a second sheet if needed)

11. Stotic water level: mo./day/yr.
22 ft. below land surface Date 6/10/75

12. Pumping level below land surfaces:
40 ft. after 2 hrs. pumping 300 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 300 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? Yes
With Clay Neat cement ___ Bentonite ___ Concrete
Depth: From 0 ft. to 20 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: X 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

T R E/W Sec 1/4 1/4 1/4

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
✓ Valley

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.

Business name Aqua Well Drilling License No. 281
Address Gove, Ks. 67736
Signed J M Tuttle Date 6-20-77
Authorized representative

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

Form WWC-5

MI-1023