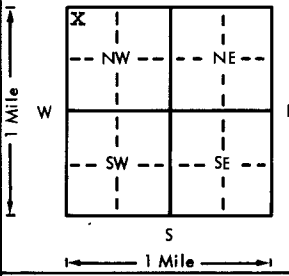


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

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>Gove</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>24</b>	Township number <b>T 13 S R 29 E</b>	Range number <b>29</b>
2. Distance and direction from nearest town or city: <b>3 south of Gove</b>			3. Owner of well: <b>A.E. Priefert</b> R.R. or street: <b>Gove, Ks. 67736</b> City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>61</b> ft. <b>2/21/78</b>	
5. Type and color of material			From	To	7. <input checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material _____ Height <u>Above</u> or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>61</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gauge No. <b>250</b>	
					10. Screen: Manufacturer's name _____ <b>Peerless Plastics</b> Type <b>PVC</b> Dia. <b>5 in.</b> Slot/gauze <b>1/16</b> Length <b>10 ft.</b> Set between <b>51</b> ft. and <b>61</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 down</b>	
					11. Static water level: _____ mo./day/yr. <b>51</b> ft. below land surface Date _____	
(Use a second sheet if needed)					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>10</b> g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <b>2/21/78</b>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With <b>clay</b> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>5</b> ft.	
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
					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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					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>Aqua Well Drilling 281</b> Business name <b>Gove, Ks. 67736</b> License No. _____ Address _____ Signed <b>J M Intelle</b> Date <b>3-78</b> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5